

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-258	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/29/2022
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NAME OF PROVIDER OR SUPPLIER REFLECTIONS OF HOPE, LLP	STREET ADDRESS, CITY, STATE, ZIP CODE 33 DARLINGTON AVENUE WILMINGTON, NC 28403
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed August 29, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 266. The survey sample consisted of audits of 16 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

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

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 1 Registered Nurse (RN) audited (RN #1) was currently licensed in accordance with applicable state laws for RN licensure. The findings are:</p> <p>Review on 8/25/22 of the RN's personnel file revealed: -Hire date was 5/10/21. -RN signed the job descriptions for Clinic Nurse-RN on 5/10/21, and the Director of Nursing-Lead RN job description on 1/19/22. -Verification of a RN license in another state. -No verification of licensure by endorsement from the North Carolina Board of Nursing (NCBON).</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>Interview on 8/25/22 the RN stated: -She had resided in North Carolina "a little more" than a year. -She worked 3 mornings a week with the physicians. -She was more of a resource to the Licensed Practical Nurses (LPN's) and part of a team with the Program Director and Licensee to oversee the LPN's. -She was licensed as a registered nurse in the state of her prior residence, which was a "compact" state. -It was her understanding that since she had been licensed in a "compact" state all she needed to do to practice as a RN in North Carolina was to maintain her out of state nursing license.</p> <p>Interview on 8/26/22 the Licensee stated: -The RN provided the facility a copy of her RN license verification from the state of her prior residence. -The facility had not verified the RN's current license with the NCBON. -The RN had made a call to the NCBON on 8/26/22 and was told the person she needed to talk with was not available until 8/29/22. -The RN will not work again until the facility has verified she has met all requirements by the NCBON to practice. -She would send information by 5 pm on 8/29/22 on the status of the RN's licensure by the NCBON.</p> <p>Review on 8/29/22 of emails from the RN to the facility dated 8/29/22 revealed: -The RN had made application to the NCBON for licensure on 8/29/22. -The RN shared conversation with the NCBON that she could continue to practice while in the</p>	V 107		

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V 107	Continued From page 3 process of obtaining the NC license.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (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. (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. (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.	V 108		

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V 108	<p>Continued From page 4</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 was available in the facility at all times that had current, equivalent training as the Red Cross or American Heart Association in cardiopulmonary resuscitation (CPR) and the Heimlich maneuver affecting 5 of 6 audited staff (LPN #1; LPN #2, Registered Nurse (RN); Certified Alcohol and Drug Counselor (CADC); Licensed Clinical Addiction Specialist (LCAS) #1). The findings are:</p> <p>Finding #1: Review on 8/25/22 of LCAS #1's personnel file revealed: -Job Title/Position: Mental Health and Substance Abuse Counselor/Clinical Intake Coordinator -Date of Hire: 9/28/21 -Completed an on line course for CPR on 7/10/22.</p> <p>Interview on 8/26/22 LCAS #1 stated: -The CPR class she completed was on line. -There was no contact with the instructor whose name was on the CPR certificate in her file.</p> <p>Finding #2: Review on 8/25/22 of the RN's personnel file revealed: -Hire date was 5/10/21. -RN signed the job descriptions for Clinic Nurse-RN on 5/10/21, and Director of Nursing-Lead RN Job Description on 1/19/22. -Completed on 5/6/21 the same on line CPR course as LCAS #1.</p> <p>Interview on 8/25/22 the RN stated she completed computer based training during</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>orientation.</p> <p>Finding #3: Review on 8/25/22 of LPN#1's personnel file revealed: -Job Title/Position: Dosing/Shift Nurse -Date of Hire: 11/15/21 -Completed on 11/17/21 the same on line CPR course as LCAS #1.</p> <p>Finding #4: Review on 8/25/22 of the CDAC's personnel file revealed: -Job Title/Position: Substance Abuse Counselor -Date of Hire: 8/2/21 -Completed on 10/11/21 the same on line CPR course as LCAS #1 .</p> <p>Finding #5: Review on 8/25/22 of LPN#2's personnel file revealed: -Job Title/Position: Dosing/Shift Nurse -Date of Hire: 5/5/22 -Certified on 8/26/21 in CPR by an on line course.</p> <p>Review on 8/25/22 of LPN #2's online CPR course program description revealed the course was "100% Video training."</p> <p>Interview on 8/24/22 LPN #2 stated she was the only licensed nurse that worked on Saturdays.</p> <p>Interview on 8/25/22 the Licensee stated: -During the pandemic the facility had not been able to find a CPR instructor to do in person instruction. -The facility staff had used online courses for CPR certification. -She would make sure staff completed CPR with an instructor as required.</p>	V 108		

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V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure each direct care staff member received continuing education to include the nature of addiction, withdrawal syndrome, or</p>	V 235		

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V 235	<p>Continued From page 7</p> <p>group and family therapy, affecting 3 of 3 licensed nurses audited (Registered Nurse (RN), Licensed Practical Nurse (LPN) #1; LPN #2) . The findings are:</p> <p>Finding #1: Review on 8/25/22 of the RN's personnel file revealed: -Hire date was 5/10/21. -RN signed the job descriptions for Clinic Nurse-RN on 5/10/21, and the Director of Nursing -No documentation of training on the nature of addiction, withdrawal syndrome, or group and family therapy.</p> <p>Interview on 8/25/22 the RN stated -She completed computer based training during orientation. -She recalled the computer based training included content on withdrawal.</p> <p>Finding #2: Review on 8/25/22 of LPN #1's personnel file revealed: -Job Title/Position: Dosing/Shift Nurse -Date of Hire: 11/15/21 -No documentation of training on the nature of addiction, withdrawal syndrome, or group and family therapy.</p> <p>Finding #3: Review on 8/25/22 of LPN #2's personnel file revealed: -Job Title/Position: Dosing/Shift Nurse -Date of Hire: 5/5/22 -No documentation of training on the nature of addiction, withdrawal syndrome, or group and family therapy.</p> <p>Interview on 8/24/22 LPN #2 stated:</p>	V 235		

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V 235	<p>Continued From page 8</p> <ul style="list-style-type: none"> -In orientation she completed computer based training. -The computer based training covered substance abuse, especially for buprenorphine, and infection control. -She could not recall any training about group or family therapy. <p>Interview on 8/25/22 the Director of Quality Stated:</p> <ul style="list-style-type: none"> -The required trainings were on line. -She was not sure if she could print a transcript of trainings completed, but would investigate. <p>Interview on 8/26/22 the Licensee stated:</p> <ul style="list-style-type: none"> -The current facility training course for group and family therapy was most appropriate for someone that provided counseling services. -The licensed nurses did not provide client counseling for the facility. -She would obtain another course for group and family therapy that was appropriate for the licensed nurses. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 235		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; 	V 366		

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V 366	<p>Continued From page 9</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting</p>	V 366		

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V 366	<p>Continued From page 11</p> <p>provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to Level I incidents. The findings are:</p> <p>Review on 08/10/22 of facility records from August 2021 thru August 2022 revealed no documented incident reports for client #15, client #17 and former client #14 (FC14).</p> <p>Review on 8/25/22 - 8/26/22 of client #15 's record revealed: - 38 year-old female - Admission date of 4/20/22 - Diagnosis of Opioid Use Disorder</p> <p>Review on 8/25/22 - 8/26/22 of client #17 's record revealed: - 33 year-old female - Admission date of 2/18/21 - Diagnosis of Opioid Use Disorder</p> <p>Review on 8/25/22 - 8/26/22 of FC14 's record revealed: - 38 year-old male - Admission date of 6/16/22 - Discharge date of 6/21/22</p>	V 366		

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V 366	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Diagnosis of Opioid Use Disorder <p>Interview on 8/25/22 registered nurse (RN) stated:</p> <ul style="list-style-type: none"> - She had worked with facility for approximately 1 year. - Police had been quick to respond to emergency calls. -The last contact made by police was in relation to a mental health concern regarding client #17. - Police and emergency medical services (EMS) responded to the scene and client #17 was hospitalized. <p>Interview on 8/26/22 licensed clinical addiction specialist (LCAS) #1 stated:</p> <ul style="list-style-type: none"> - She had worked with facility for approximately 1 year. - She had been working when police and EMS responded to an incident involving client #17. <p>Interview on 8/26/22 Licensee stated:</p> <ul style="list-style-type: none"> - FC14 had not returned to the facility for services following the incident. He was provided an opportunity for detox due to it being his 2nd day in treatment. - Client #15 was offered couples counseling and encouraged to press charges against her assailant. - Client #15 did not wish to press charges. - She understood an IRIS report needed to be generated for incidents involving police contact. 	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all</p>	V 367		

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V 367	<p>Continued From page 13</p> <p>level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 8/23/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed:</p> <ul style="list-style-type: none"> - No level II incident report was created by the facility for police contact on 7/13/22 with client #17. A level I report identified police and emergency medical services (EMS) contact on 7/13/22 to address concerns with homicidal and suicidal suggestions by client #17. Client #17 was subsequently hospitalized. - No level II incident report was created by the facility for police contact on 6/21/22 with former client #14 (FC14) and client #15. A level I report identified that police were contacted on 6/21/22 in response to a physical assault on client #15 by FC14 in the facility parking lot. Police responded to the incident and FC14 was immediately discharged from the program. <p>Review on 8/25/22 - 8/26/22 of client #15 's record revealed:</p> <ul style="list-style-type: none"> - 38 year-old female - Admission date of 4/20/22 - Diagnosis of Opioid Use Disorder <p>Review on 8/25/22 - 8/26/22 of client #17 's record revealed:</p> <ul style="list-style-type: none"> - 33 year-old female 	V 367		

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V 367	<p>Continued From page 16</p> <ul style="list-style-type: none"> - Admission date of 2/18/21 - Diagnosis of Opioid Use Disorder <p>Review on 8/25/22 - 8/26/22 of FC14 ' s record revealed:</p> <ul style="list-style-type: none"> - 38 year-old male - Admission date of 6/16/22 - Discharge date of 6/21/22 - Diagnosis of Opioid Use Disorder <p>Interview on 8/25/22 registered nurse (RN) stated:</p> <ul style="list-style-type: none"> - She had worked with facility for approximately 1 year. - Police had been quick to respond to emergency calls. -The last contact made by police was in relation to a mental health concern regarding client #17. - Police and emergency medical services (EMS) responded to the scene and client #17 was hospitalized. <p>Interview on 8/26/22 licensed clinical addiction specialist (LCAS) #1 stated:</p> <ul style="list-style-type: none"> - She had worked with facility for approximately 1 year. - She had been working when police and EMS responded to an incident involving client #17. <p>Interview on 8/26/22 Licensee stated:</p> <ul style="list-style-type: none"> - FC14 had not returned to the facility for services following the incident. He was provided an opportunity for detox due to it being his 2nd day in treatment. - Client #15 was offered couples counseling and encouraged to press charges against her assailant. - Client #15 did not wish to press charges. - She understood an IRIS report needed to be generated for incidents involving police contact. 	V 367		

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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> <p>(2) recognizing and interpreting human</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>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 by scoring a passing grade on testing in an</p>	V 536		

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V 536	<p>Continued From page 19</p> <p>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> <p>(2) The Division of MH/DD/SAS may</p>	V 536		

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V 536	<p>Continued From page 20</p> <p>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 staff completed training on the use of alternatives to restrictive interventions prior to providing services that was approved by the Division of MH/DD/SAS (Mental Health, Developmental Disabilities, and Substance Abuse Services) affecting 1 of 1 Certified Alcohol and Drug Counselor (CADC) audited (CDAC #1), and 3 of 3 licensed nurses audited (Registered Nurse (RN); Licensed Practical Nurse (LPN) #1; LPN #2). The findings are:</p> <p>Finding #1: Review on 8/25/22 of the CDAC's personnel file revealed: -Job Title/Position: Substance Abuse Counselor -Date of Hire: 8/2/21 -Completed an on line course on 7/15/22 for alternatives to restrictive interventions that was not on the list of approved trainings by the</p>	V 536		

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V 536	<p>Continued From page 21</p> <p>Division of MH/DD/SAS.</p> <p>Finding #2: Review on 8/25/22 of the RN's personnel file revealed: -Hire date was 5/10/21. -RN signed the job descriptions for Clinic Nurse-RN on 5/10/21, and the Director of Nursing -No documentation of training on the alternatives to restrictive interventions.</p> <p>Interview on 8/25/22 the RN stated -She completed computer based training during orientation. -She completed a computer class for training on de-escalation.</p> <p>Finding #3: Review on 8/25/22 of LPN #1's personnel file revealed: -Job Title/Position: Dosing/Shift Nurse -Date of Hire: 11/15/21 -Completed an on line course on 7/15/22 for alternatives to restrictive interventions that was not on the list of approved trainings by the Division of MH/DD/SAS.</p> <p>Finding #4: Review on 8/25/22 of LPN#2's personnel file revealed: -Job Title/Position: Dosing/Shift Nurse -Date of Hire: 5/5/22 -No documentation of training in alternatives to restrictive interventions.</p> <p>Interview on 8/24/22 LPN #2 stated: -In orientation she completed computer based training. -Training on de-escalation was done on line.</p>	V 536		

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V 536	<p>Continued From page 22</p> <p>Interview on 8/25/22 the Director of Quality stated: -She thought the on line course selected for staff to complete on the alternative to restrictive interventions was on the approved list of training by the Division of MH/DD/SAS. -After looking again at the on line course site, the course descriptive wording was the same as a title for one of the approved courses, but it was not the same course.</p> <p>Interview on 8/25/22 the Licensee stated she would make sure the facility selected and provided staff training using a curriculum on alternatives to restrictive interventions that was approved by the Division of MH/DD/SAS.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		