

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-380</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/19/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHARPE AND WILLIAMS #8</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>937 GLENCOE STREET</b><br><b>WINSTON SALEM, NC 27107</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 8/19/2022. The complaint was unsubstantiated (Intake # NC190291). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness .</p> <p>This facility is licensed for 5 and has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>  | V 000         |   |                    |
| V 536              | <p><b>27E .0107 Client Rights - Training on Alt to Rest. Int.</b></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</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>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 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> | V 536         |   |                    |

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| V 536              | <p>Continued From page 2</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 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</p> | V 536         |   |                    |

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| V 536              | <p>Continued From page 3</p> <p>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> <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><br/></p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (#1) completed training on alternatives to restrictive interventions prior to providing services. The findings are:</p> | V 536         |   |                    |

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| V 536              | <p>Continued From page 4</p> <p>Reviews on 8/11/2022, 8/12/2022 and 8/19/2022 of Staff #1's employee record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 7/6/2022</li> <li>- A photo of an "NCI Plus" (the training curriculum used by the facility for training on alternatives to restrictive interventions) confirmation notice that revealed "You completed this test on 08/09/2022 ..."</li> </ul> <p>Interview on 8/12/2022 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- She had completed her NCI+ training via computer.</li> <li>- She did not know who the trainer was for the NCI+ course.</li> </ul> <p>Interviews from 8/8/2022 to 8/19/2022 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> <li>- Facility staff completed NCI+ training via computer.</li> <li>- The Owner was an NCI+ instructor.</li> </ul> | V 536         |   |                    |
| V 537              | <p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(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.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or</p>   | V 537         |   |                    |

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| V 537              | <p>Continued From page 5</p> <p>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.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of 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</li> </ol> | V 537         |   |                    |

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| V 537              | <p>Continued From page 6</p> <p>use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 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> | V 537         |   |                    |

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| V 537              | <p>Continued From page 7</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> <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> | V 537         |   |                    |



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| V 537              | <p>Continued From page 8</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> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (#1) completed training in seclusion, physical restraint and isolation time out prior to providing services. The findings are:</p> <p>Reviews on 8/11/2022, 8/12/2022 and 8/19/2022 of Staff #1's employee record revealed:<br/>- Hire date: 7/6/2022<br/>- A photo of an "NCI Plus" (the training curriculum used by the facility for training in seclusion, physical restraint and isolation time out) confirmation notice that revealed "You completed this test on 08/09/2022 ..."</p> <p>Interview on 8/12/2022 with Staff #1 revealed:<br/>- She had completed her NCI+ training via computer.<br/>- She did not know who the trainer was for the NCI+ course.</p> <p>Interviews from 8/8/2022 to 8/19/2022 with the Qualified Professional/Director revealed:<br/>- Facility staff completed NCI+ training via computer.<br/>- The Owner was an NCI+ instructor.<br/>- The Owner worked with facility staff to ensure they were trained on the approved NCI+ techniques used for physical restraint.</p> | V 537         |   |                    |

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| V 736              | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br/>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner and free of offensive odors .<br/>The findings are:</p> <p>Observation at approximately 2:25pm on 8/18/2022 of the interior of the facility revealed:<br/>- A strong odor of urine was present throughout the facility.</p> <p>Observation at approximately 8:50am on 8/19/2022 revealed:<br/>- In bedroom #1, a heavily stained mattress was propped against the wall.<br/>- The washing machine's lid had brown stains and detergent splatters on top.<br/>- In bedroom #3, the floorboards were heavily scratched, and there were burn marks and cigarette ashes on the top of a plastic storage cabinet.<br/>- In the kitchen, the countertop had damaged areas on the veneer which would make it difficult to sanitize the surface, and the stove drip pans were heavily stained.<br/>- In bedroom #4, there was a brown stain on the ceiling beside the air vent.</p> | V 736         |   |                    |

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| V 736              | <p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- In the master bathroom, there were brown stains along the grout in the tub/shower, paint was peeling on the wall beside the tub, the thin plastic shower curtain was missing 8 of 12 shower rod clips, and 2 of 3 bulbs in the light fixture above the sink did not work.</li> <li>- a smoke detector chirped periodically.</li> <li>- There was a hole in the wall beside the back door.</li> <li>- A bent, metal twin bed frame was on the back porch.</li> <li>- Mildew-like stains were present on the exterior walls of the facility.</li> </ul> <p>Interview on 8/12/2022 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Repairs that had been needed at the facility included the door stop at the back door being "messed up," there were broken blinds over some of the windows, and one of the toilets was not working correctly.</li> <li>- She was aware that someone was supposed to go to the facility to take care of maintenance issues.</li> </ul> <p>Interviews from 8/8/2022 to 8/19/2022 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> <li>- The odor of urine was the result of ongoing issues with one of the facility's clients being incontinent of bowel and bladder.</li> <li>- That client would hide his adult diapers when they were soiled.</li> <li>- Facility staff tried to address the odor of urine by mixing baking soda with his laundry and she herself had purchased him new clothing.</li> <li>- She had given a maintenance person the list of needed repairs at the facility following the most recent inspection by the Division of Health Service Regulation (DHSR) Construction Section on 8/11/2022.</li> <li>- The issues identified by DHSR Construction</li> </ul> | V 736         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-380</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/19/2022</b> |
|--|---|---|---|

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHARPE AND WILLIAMS #8</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>937 GLENCOE STREET</b><br><b>WINSTON SALEM, NC 27107</b> |
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|--------------------|---|---------------|---|--------------------|
| V 736              | Continued From page 11<br><br>were still being worked on.<br><br>This deficiency has been cited 3 times since the original cite on 11/15/2019 and must be corrected within 30 days. | V 736         |   |                    |