

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2022
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NAME OF PROVIDER OR SUPPLIER
HARMONY RECOVERY CENTER, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
**11403 NORTH TRYON STREET
CHARLOTTE, NC 28262**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 8-15-22. The complaint was unsubstantiated (NC00190066). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G. 3300 Outpatient Detoxification for Substance Abuse, 10A NCAC 27G. 4400 Substance Abuse for Intensive Outpatient Program, 27G. 4500 Substance Abuse Comprehensive Outpatient Treatment Program, 10A NCAC 27G. 1100 Partial Hospitalization for Individuals Who are Acutely Mentally Ill.</p> <p>This facility has a current census of sixty-three. The survey sample consisted of five current clients and one former client.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to</p>	V 131	<p>V 131 CAP Harmony has implemented Certiphi background screening for all new hires. Certiphi screening will include a check of the health care personnel registry. Certiphi screening reports will be uploaded into all employee files.</p> <p>All employees records for individuals who were hired prior to the implementation of Certiphi were audited to ensure that health care personnel registry results were included.</p> <p>Quarterly personnel file audits to be completed by the HR Manager will be implemented to monitor compliance with this standard going forward.</p>	8/30/22

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

K. M. Shekey

TITLE

compliance dir

(X6) DATE

9/1/22

STATE FORM

6899

B2TK11

If continuation sheet 1 of 6



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V 131	<p>Continued From page 1</p> <p>employment, effecting two of four staff (Staff #2 and Staff #4) The findings are:</p> <p>Review on 8-15-22 of Staff #2 revealed: -Hire date 7-13-22. -HPCR accessed 8-15-22.</p> <p>Review on 8-15-22 of Staff #4 revealed: -Hire date of 5-21-20. -HPCR accessed 8-15-22.</p> <p>Interview on 8-15-22 with the Director revealed: -The agency would ensure that all HPCR checks would be completed as needed, before hire.</p>	V 131		
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,</p>	V 536	<p>V536 CAP</p> <p>The onboarding and orientation checklist was revised to ensure that staff cannot begin working directly with clients until they have completed the training on alternatives to restrictive interventions.</p> <p>All hiring managers were educated on this policy via email communication.</p> <p>Quarterly personnel file audits to be completed by the HR Manager will be implemented to monitor compliance with this standard going forward.</p>	

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V 536	<p>Continued From page 2</p> <p>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"> (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). <p>(h) Service providers shall maintain</p>	V 536		
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V 536	<p>Continued From page 3</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 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</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>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> <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 insure that three of four audited staff (Staff #1, Staff #2 and Staff #4) had training on</p>	V 536		
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V 536	<p>Continued From page 5</p> <p>the use of alternatives to restrictive interventions before providing services. The findings are:</p> <p>Review on 8-15-22 of Staff #1's record revealed: -Hire date of 5-30-22. -NVCI (Non Violent Crisis Intervention) completed 8-10-22.</p> <p>Review on 8-15-22 of Staff #2's record revealed: -Hire date 7-13-22. -No documentation on alternatives to restrictive intervention training documented.</p> <p>Review on 8-15-22 of Staff #4's record revealed: -Hire date of 9-13-21. -No documentation on alternatives to restrictive intervention training documented.</p> <p>Interview on 8-15-22 with the Director revealed: -She thought staff had 30 days after hire to complete training. -Sometimes staff complete training but forget to save it. -Going forward they would ensure that all required training was completed and documented.</p> <p>This deficiency constitutes a recited deficiency and must be corrected with 30 days.</p>	V 536		