

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/19/2022
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C THERMAL ROAD CHARLOTTE, NC 28211		
(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 September 19, 2022. The complaint was unsubstantiated (Intake #NC00192734). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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V 105	Continued From page 1 (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement standards to assure operational and programmatic performance meeting the applicable standards of care. The findings are:</p> <p>Review on 9/19/22 of Client #3's record revealed: -Admitted 8/31/22; -Diagnosed with Disruptive Mood Dysregulation Disorder; -10 years old.</p> <p>Review on 9/16/22 and 9/19/22 of Staff #3's record revealed: -Hired 4/25/22; -Employed as Behavioral Health Counselor (BHC); -Trained in Handle with Care (HWC) on 7/25/22.</p> <p>Review on 9/16/22 and 9/19/22 of Staff #4's record revealed: -Hired 2/28/22; -Employed as BHC; -Trained in HWC on 4/7/22.</p> <p>Interviews on 9/16/22 with Staff #3 and #4 revealed: -Each attempted a restraint on Client #3; -Was the only staff present during each of the two attempted restraints; -Protocol was for nursing staff to be present for all restraints.</p>	V 105		

Division of Health Service Regulation

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V 105	Continued From page 3 Interview on 9/14/22 and 9/19/22 with the Executive Director revealed: -Nursing staff should be present during all restraints; -Staff will be re-trained in HWC and aspects related to restraint protocol. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 105		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged	V 132		

Division of Health Service Regulation

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V 132	<p>Continued From page 4</p> <p>acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all allegations of abuse to the Health Care Personnel Registry (HCPR) affecting 1 of 5 audited staff (Staff #1). The findings are:</p> <p>Review on 9/14/22 of Former Client #4's (FC#4) record revealed: -Admitted 2/12/22; -Discharged 8/31/22; -Diagnosed with Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, Major Depressive Disorder, Other Specified Mental Disorder due to known Physiological Condition; -10 years old.</p> <p>Review on 9/8/22 of the facility's Incident Reports for period 7/1/22 through 9/8/22 revealed: -Report dated 9/5/22 regarding an allegation of abuse involving FC#4 as reported to the facility</p>	V 132		

Division of Health Service Regulation

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V 132	<p>Continued From page 5</p> <p>on 9/2/22.</p> <p>Attempted interviews on 9/8/22 with FC#4 and FC#4's Mother were unsuccessful as phone calls and text messages were not returned.</p> <p>Interview on 9/8/22 with Staff #1 revealed: -Last worked with FC#4 on 8/27/22; -Denied ever pushing or harming any client; -FC#4 did not sustain any injury to his knees to her knowledge.</p> <p>Interview on 9/8/22 with Staff #2 revealed: -FC#4 was crawling on the floor, playing, and running on the day of discharge; -FC#4 had no signs of injury and never had to be taken to the nurse for any injury prior to discharge.</p> <p>Interviews on 9/8/22, 9/14/22, and 9/19/22 with the Executive Director revealed: -FC#4's mother left a voicemail message for FC#4's therapist regarding a female staff physically pushing FC#4 out of the facility causing injury to FC#4's knees; -FC#4's mother identified the alleged staff by first name only; -Three female staff members with the same first name as identified by FC#4's mother work in the facility; -An incident report regarding the allegation of abuse was completed upon receiving the voicemail message left by FC#4's mother, but the HCPR portion could not be completed as the facility could not immediately identify the female staff member without having her last name; -The identification of the staff involved in the allegation of abuse was finalized several days later but the staff was not reported to the HCPR due to an oversight;</p>	V 132		

Division of Health Service Regulation

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V 132	Continued From page 6 -An internal investigation was completed once all staff involved in the allegation were identified; -Staff #1 was eventually identified by FC#4's mother as the staff involved in pushing FC#4 out of the facility onto a concrete slab resulting in injury to his knees; -Staff #2 was eventually identified by FC#4's mother as the staff who intervened to protect FC#4 and take him to the nurses' station; -Staff #1 did not have any contact with FC#4 from 8/27/22 through 8/31/22 at discharge; -There was no record of FC#4 being brought to and treated at the nurses' station during his last week at the facility; -All staff identified in an allegation of abuse will be reported to the HCPR in the future. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 132		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate.	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 7</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise</p>	V 364		

Division of Health Service Regulation

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V 364	Continued From page 8 several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 9</p> <p>or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for</p>	V 364		

Division of Health Service Regulation

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V 364	Continued From page 10 the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients had the right to communicate with parents affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Review on 9/19/22 of Client #3's record revealed: -Admitted 8/31/22; -Diagnosed with Disruptive Mood Dysregulation Disorder; -10 years old.</p> <p>Interview on 9/16/22 with Client #3 revealed: -Wanted to call his mother and was not allowed; -Could not identify the date; -Staff #3 and #4 were working.</p> <p>Interview on 9/16/22 with Staff #3 revealed: -On 9/7/22, Client #3 was "fine until bedtime when he wanted to make a call to his mother;" -Client #3 was informed by Staff #3 that he had a chance to call his mother and he chose not to call her when offered and "he was not allowed to have another chance."</p> <p>Interview on 9/16/22 with Staff #4 revealed: -Staff #3 asked the clients if anyone wanted to make phone calls; -Client #3 was in his room engaged in an activity; -When Staff #3 announced it was time for bed (7:30pm), Client #3 requested to make a call to his mom but was denied the call by Staff #3; -Staff #3 said it was too late to make calls and Client #3 missed his chance but would be able to make the first phone call the following night; -Client #3 was upset that he could not call his mother.</p>	V 364		

Division of Health Service Regulation

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V 364	Continued From page 12 Interview on 9/19/22 with the Executive Director revealed: -All clients are allowed to contact their parent or legal guardian upon request; -Client #3 should have been allowed to call his mother prior to going to bed; -All staff involved will be re-trained regarding the matter.	V 364		
V 517	27E .0104(c-d) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse. (d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure restrictive interventions were not used in a manner that caused harm affecting 1 of 3 audited clients (Client #3). The findings are: Review on 9/19/22 of Client #3's record revealed: -Admitted 8/31/22; -Diagnosed with Disruptive Mood Dysregulation Disorder;	V 517		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/19/2022
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C THERMAL ROAD CHARLOTTE, NC 28211		
(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 517	<p>Continued From page 13</p> <p>-10 years old.</p> <p>Review on 9/19/22 of the Nursing Update dated 9/7/22 for the 3-11pm shift revealed:</p> <p>-Client #3 was seen for "scratches to neck and forearm. Small cut to inner lower lip. Scratches cleaned and bacitracin applied. Ice pack given."</p> <p>Interview on 9/16/22 with Client #3 revealed:</p> <p>-Was restrained by Staff #3;</p> <p>-Staff #3 "put marks on me and it was because he scraped my neck;"</p> <p>-The nurse evaluated him in the nurse's office and his "lip swelled up;"</p> <p>-There were "puddles of blood" on the floor.</p> <p>Interview on 9/16/22 with Staff #3 revealed:</p> <p>-Tried to put Client #3 into a restraint by grabbing onto his arm;</p> <p>-Client #3 fell forward hitting his face into the headboard of the bed resulting in an injury and bleeding.</p> <p>Interview on 9/16/22 with Staff #4 revealed:</p> <p>-Staff #3 put Client #3 in a restraint but Client #3 "fell and hit his mouth on the bed;"</p> <p>-Entered Client #3's bedroom when she heard Client #3 say he was bleeding;</p> <p>-Took Client #3 to the supervisor's station so the supervisor could take Client #3 to the nurse's station.</p> <p>Interview on 9/19/22 with the Executive Director revealed:</p> <p>-The internal investigation into the incident involving Staff #3 and Client #3 is on-going;</p> <p>-At a minimum, Staff #3 will be allowed to return to work with additional training.</p>	V 517		

Division of Health Service Regulation

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V 537	Continued From page 14	V 537		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & 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 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</p>	V 537		

Division of Health Service Regulation

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V 537	Continued From page 15 Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation of restrictive interventions; (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 use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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 (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 16</p> <p>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> <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</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 17</p> <p>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> <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> </p> <p>This Rule is not met as evidenced by: Based on interview and record review, 2 of 5 audited staff (Staff #3 and #4) failed to display competence during the implementation of physical restraints. The findings are:</p> <p> </p> <p>Review on 9/16/22 and 9/19/22 of Staff #3's record revealed:</p> <p>-Hired 4/25/22;</p> <p>-Employed as Behavioral Health Counselor (BHC);</p> <p>-Trained in Handle with Care (HWC) on 7/25/22.</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 18</p> <p>Review on 9/16/22 and 9/19/22 of Staff #4's record revealed: -Hired 2/28/22; -Employed as BHC; -Trained in HWC on 4/7/22.</p> <p>Interview on 9/16/22 with Client #3 revealed: -Was injured during a restraint.</p> <p>Interview on 9/16/22 with Staff #3 revealed: -Staff #4 had previously intervened with Client #3 during the shift when he was aggressive; -Went into Client #3's bedroom to intervene with Client #3; -Client #3 was near his bed with his bed separating Staff #3 from Client #3; -"Reached over the bed and grabbed [Client #3]'s arm to put him in a restraint"; -Client #3 pulled further away and fell forward causing injury.</p> <p>Interview on 9/16/22 with Staff #4 revealed: -Client #3 was upset and engaging in property destruction; -Went into Client #3's bedroom and attempted to complete a restraint but was unsuccessful; -"Grabbed [Client #3] by the arm" but could not complete the restraint.</p> <p>Interview on 9/14/22 and 9/19/22 with the Executive Director revealed: -Was certified as a HWC Instructor; -No restraint attempt should be completed when furniture is between the staff and a client; -Staff #3 and #4 will be re-trained in HWC.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 537		