

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2022
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NAME OF PROVIDER OR SUPPLIER SAMARITAN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 136 SAMARITAN DRIVE ROCKINGHAM, NC 28379
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 21, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 10A NCAC 27G .3700 Day Treatment Facility for Individuals with Substance Abuse Disorders.</p> <p>This facility is licensed for 12 and currently has a census of 11. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>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</p>	V 108		

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 108	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (#4) received training to meet the needs of the clients as specified in their treatment/habilitation plan. The findings are:</p> <p>Review on 9/21/22 of Staff #4's personnel record revealed: -Hired date of 2/24/22. -He was hired as the Night Shift Aid. -There was no evidence of mental health/developmental disability/substance abuse training.</p> <p>Interview on 9/21/22 with the Services Director revealed: -Agency provided required training to all staff. -Staff #4 had been working since the end of February. -He had provided some of the required training to staff #4, but acknowledged there was no certification acknowledging that the training had been provided. -He confirmed the facility failed to ensure one of</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 2 three audited staff (#4) received training to meet the needs of the clients as specified in their treatment/habilitation plan.	V 108		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 3</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ul 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 documentation of initial and refresher training for at least three years.</p> <ul style="list-style-type: none"> (1) Documentation shall include: <ul style="list-style-type: none"> (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. <p>(i) Instructor Qualifications and Training Requirements:</p> <ul style="list-style-type: none"> (1) Trainers shall demonstrate competence 	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 4</p> <p>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 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>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 5</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> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure three of three audited staff (#4, the Certified Substance Abuse Counselor and the Services Director) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 9/21/22 of staff #4's personnel file revealed::</p> <p>-Hire date of 2/24/22.</p> <p>-Staff #4 was hired as the Night Shift Aid</p> <p>-There was no documentation of training on alternatives to restrictive intervention.</p> <p>Review on 9/21/22 of the Certified Substance</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 6</p> <p>Abuse Counselor's personnel file revealed: -Hire date of 7/18/14. -Evidence Based Protective Interventions (EBPI) certificate expired 6/22/22. -There was no updated documentation of training on alternatives to restrictive intervention.</p> <p>Review on 9/21/22 of the Services Director's personnel file revealed: -Hire date of 4/15/13. -Evidence Based Protective Interventions (EBPI) certificate expired 6/22/22. -There was no updated documentation of training on alternatives to restrictive intervention.</p> <p>Interview on 9/21/22 with the Services Director revealed: -Agency currently used Critical Training Interventions (CTI) curriculum as training in the use of alternatives to restrictive interventions. -Agency had originally set up training for alternatives to restrictive intervention, but due to a positive COVID case, they had to postpone the training and it was not rescheduled. -He confirmed staff #4 did not have training on alternatives to restrictive intervention. -He confirmed the Certified Substance Abuse Counselor and him did not have updated documentation of training on alternatives to restrictive intervention.</p>	V 536		