

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL077-001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAMARITAN COLONY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>136 SAMARITAN DRIVE ROCKINGHAM, NC 28379</b>
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V 000	<p><b>INITIAL COMMENTS</b></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><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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	<p><b>RECEIVED</b></p> <p><b>OCT 04 2022</b></p> <p>DHSR/MHLicensure/Scott</p>	

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

*Harold Pearson*

TITLE

*Director*

(X6) DATE

*9/30/2022*

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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	<p>Attached is a copy of [REDACTED] Night Shift Aid verification of Medication Administration Training which covered chemical dependency, withdrawal symptoms, seizure management etc. This was also covered with [REDACTED] when he was hired, I failed to document it in his file at that time, At the time of hire is a Hazelden video, " The Neurobiology of Addiction" along with a worksheet is used during orientation and also used during annual staff training sessions. I, working with the Administration Assistant will make sure all initial orientation paperwork, annual training up dates will be put into Personnel File, this policy will be monitored by Semi-annual checking of each employees file.</p>	10/14/22

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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	

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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> <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> <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</p>	V 536		

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**SAMARITAN COLONY**

**136 SAMARITAN DRIVE  
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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		

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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>	V 536		

Review on 9/21/22 of the Certified Substance			
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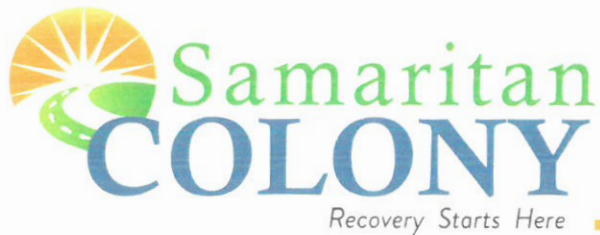
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V 536	Continued From page 6  Abuse Counselor's personnel file revealed: -Hire date of 7/18/14. -Evidence Based Protective Interventions (EBPI) certificate expired 6/22/22. -There was no updated documentation of training on alternatives to restrictive intervention.  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.  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.	V 536	Annual EBPI training was scheduled prior to expiration date 6/22/2022 but I had to canceled it due to a staff member having COVID-19 and I failed to reschedule  Policy will be th new Staff member at time of employment will receive EBPI training at time of hire no matter how close to annual EBP training date is.  [REDACTED] LCAS who has conducted our EBPI training the last several years has been contacted and EBPI training for entire staff has been scheduled for 10/6/2022.  During the semi-annual monitoring of Personnel Files by myself and Administrative Assistant annual renewal will be scheduled two weeks prior to renewal date for EBPI renewal training	10/14/22
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**Samaritan Colony, Inc.**

136 Samaritan Drive  
Rockingham, NC 28379

Phone: (910) 895-3243

Fax: (910) 895-8612

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September 30, 2022

Edgar Garrido, MSW  
Facility Compliance Consultant 1  
Mental Health Licensure & Certification Section  
Raleigh NC 27699

Dear Mr. Garrido,

Enclosed you will find the Plan of Correction listed on the Statement of Deficiencies Form dated September 23, 2022. I appreciate your explanation of deficiencies to our Service Director Mark Christopher in my absence. Thank you for the work that you do.

If any additional information is needed I can be reached at 910 895 3243

Sincerely,

A handwritten signature in black ink that reads "Harold Pearson". The signature is written in a cursive style.

Harold Pearson, Executive Director.

Executive Director  
Harold Pearson, LCAS



Phone: 910-895-3243  
Fax: 910-895-8612

The following staff members of Samaritan Colony received Medication Administration Training provided by Facility Director and under supervision of Facility Medical Director Dr. [REDACTED]

Materials covered were as follows:

- Acute withdrawal symptoms
- Secondary complications related to chemical dependency, such as seizures

Executive Director Harold Pearson covers Samaritan Colony's policy and procedures on medication administration protocol.

This training will be presented on an annual basis.

The following were in attendance:

[REDACTED]

[REDACTED]

6-18-22  
Date