

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/26/2022
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NAME OF PROVIDER OR SUPPLIER CHARLOTTE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 113 CHARLOTTE STREET HAMLET, NC 28345
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on September 26, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 7 and currently has a census of 7. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure medication was available according to the physician order for one of three audited clients (#1). The findings are:</p> <p>Review on 9/26/22 of Client #1's record revealed: -Admission date of 11/28/93. -Diagnoses of Mild Mental Retardation; Seborrheic Dermatitis; Social Emotional Occupational Difficulties.</p> <p>Review on 9/26/22 of Client #1's physician's orders dated 4/20/22 revealed: -ACT Fluoride 0.05%- Swish and spit 10 milliliters by mouth daily for one minute after brushing teeth. -Visine Dry Eye Relief Drops- Instill 3 drops into affected eyes three times a day.</p> <p>Observation on 9/26/22 at 11:00 a.m. of Client #1's medication revealed the following was not available: -ACT Fluoride 0.05%. -Visine Dry Eye Relief Drops.</p> <p>Review on 9/26/22 of Client #1's MAR for July 2022 through September 2022 revealed the</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>following::</p> <ul style="list-style-type: none"> -Client #1 self-administered his medications. -There were no markings on the MAR that he had taken ACT Fluoride 0.05% or the Visine Dry Eye Relief Drops. <p>Interview on 9/26/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Client #1 normally would inform whenever a medication is finished. -Staff also checked up on his regular medications and ordered them monthly. -Staff was not aware that the mouthwash was finished. Client #1 had not informed them. -They thought the Visine was a medication to be given as needed (PRN.) -Regarding PRN's not at the house. They were informed to not store them and only buy them when needed. -They were finding that they would buy the PRN medications and they would never be used. Facility thought they were wasting money that way. -She acknowledged the facility failed to ensure medication was available according to the physician order for one of three audited clients (#1.) 	V 118		
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,</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 3</p> <p>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 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 	V 536		

Division of Health Service Regulation

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

Division of Health Service Regulation

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V 536	<p>Continued From page 5</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 6 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three staff (staff #1) had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 9/26/22 of Staff #4's personnel file revealed: -Staff #1 had a hire date of 7/23/12. -Staff #1 was hired as Developmental Specialist Sleep Over -Staff #1 had a Getting It Right training completed on 7/8/21. -There was no documentation that staff #4 had current training on the use of alternatives to restrictive interventions.</p> <p>Interview on 9/26/22 with the Qualified Professional revealed: -The agency used the Getting It Right curriculum as their training on the use of alternative to restrictive intervention. -Agency was also moving into using a different curriculum this year for their training on the use of alternative to restrictive intervention. -They were under the impression that staff #4 had completed the training. -They did not know why it had not been flagged by the Human Resources (HR) staff or any other staff that reviewed training. -They believed that staff #4 had completed the</p>	V 536		

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V 536	Continued From page 7 training and HR may not had put it in the system. -She confirmed they had no record that indicated staff #4 had a current training on the use of alternatives to restrictive interventions.	V 536		