

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-73</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>10/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAITH HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 ROSEMONT DRIVE REIDSVILLE, NC 27320</b>
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on October 27, 2022. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.

This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.

V 000

This form has been completed by:  
  
 Title: Quality Mangement Director  
 Email: lchamizo@tpfservices.org  
 Date: 11/22/2022

V 297 27G .1705 Residential Tx. Child/Adol - Req. for L P

10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS

(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.

(b) The consultation specified in Paragraph (a) of this Rule shall include:

(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;

(2) individual, group or family therapy services; or

(3) involvement in child or adolescent specific treatment plans or overall program issues.

V 297

**DHSR - Mental Health**

**NOV 29 2022**

**Lic. & Cert. Section**

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 297	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide face to face clinical consultation in the facility at least four hours a week by the licensed professional (LP). The findings are:</p> <p>Review on 10/25/22 of the LP's record revealed there was no documentation of: -Face to face clinical consultation in the facility at least four hours a week by the LP.</p> <p>Interview on 10/24/22 with client# 1 revealed: -She received therapy every week at the office.</p> <p>Interview on 10/25/22 with the Qualified Professional (QP) revealed: -The Residential Director (RD) did her supervision and not the LP; -She received clinical supervision from the RD, and the Clinical Director (CD) at monthly residential meetings.</p> <p>Interview on 10/25/22 with the LP revealed: -He had been employed with the agency over a year, since 3/16/21; -He saw the clients at Faith House every other week for thirty minutes individually; -The clients came to the office for therapy; -He did not supervise the QP.</p> <p>Interview on 10/25/22 with the RD revealed: -The former LP they had up until recently did provide face to face clinical consultation in the facility. -They did not have privacy, enough space at the facility, and [the LP] was a male; -The CD provided supervision for the QP and the</p>	V 297	<p>Youth Haven has hired an additional licensed professional who is in agreement to complete, face to face clinical supervision within the home.</p> <p>The Group home Program Director has met with all on 11/22/2022 staff to re-train clinical supervision requirements. The new LP starting 12/5/2022 will meet with the program director on clinical supervision requirements at time of hire</p> <p>In addition Youth Haven will create a clinical supervision spreadsheet that logs all clinical supervision per group home. The program director will review that log bi-weekly to ensure 4 hours are being completed.</p>	11/22/2022 and on going upon new hire.

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V 297	Continued From page 2 LP did the individual/group therapy at the facility.	V 297		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; 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</p>	V 537	<p>Youth Haven's Program Director is a certified instructor in physical restraint. The Quality Management director met with Program director to review training standards on 11/22/2022.</p> <p>The Program Director will train all Group Home staff regardless of position going forward on all new GH employees.</p> <p>There is a new LP starting 12/5/2022 and her training will be completed prior to her first billable event.</p>	12/5/2022 and on going as new hires are employed.

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V 537	<p>Continued From page 3</p> <p>provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(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);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(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;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> <li>(8) documentation methods/procedures.</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> <li>(1) Documentation shall include:               <ol style="list-style-type: none"> <li>(A) who participated in the training and the outcomes (pass/fail);</li> <li>(B) when and where they attended; and</li> <li>(C) instructor's name.</li> </ol> </li> <li>(2) The Division of MH/DD/SAS may review/request this documentation at any time.               <ol style="list-style-type: none"> <li>(i) Instructor Qualification and Training Requirements:                   <ol style="list-style-type: none"> <li>(1) Trainers shall demonstrate competence</li> </ol> </li> </ol> </li> </ol>	V 537		
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V 537	<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 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> <ul style="list-style-type: none"> <li>(A) understanding the adult learner;</li> <li>(B) methods for teaching content of the course;</li> <li>(C) evaluation of trainee performance; and</li> <li>(D) documentation procedures.</li> </ul> <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>	V 537		



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V 537	<p>Continued From page 5</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once 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>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 6 audited staff (the Licensed Professional) (LP) was trained in seclusion, physical restraint and isolation time out prior to providing services to clients. The findings are:</p> <p>-Review on 10/25/22 of the LP's record revealed: -No documentation of training in seclusion,</p>	V 537		

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V 537	Continued From page 6 physical restraint and isolation time out.  Interview on 10/25/22 with the Residential Director (RD) revealed: -The facility staff were trained in and utilized Crisis Prevention Institute (CPI) as their restrictive Intervention training; -The LP had an attestation that waived him from CPI.	V 537		
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