

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-833	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2022
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NAME OF PROVIDER OR SUPPLIER CARE ONE HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 926 EDISON ROAD RALEIGH, NC 27610
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 12/12/22. The complaint was substantiated (Intake #NC00194180). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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, 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</p>	V 536		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 536	<p>Continued From page 1</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 2</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>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 as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 audited staff (#1) had an annual refresher training on the use of alternatives to restrictive intervention. The findings are:</p> <p> </p> <p>Review on 12/7/22 of Staff #1's personnel record</p>	V 536		

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V 536	Continued From page 4 revealed: - Hired: 11/7/21 - Title: Direct Care Staff - Evidence Based Protective Interventions (EBPI) - Prevent training was completed on 11/10/21. - No documentation of current training on the use of alternatives to restrictive intervention. Interview on 12/7/22 the Qualified Professional reported: - Confirmed that staff #1's EBPI training was expired. - Would call to schedule the refresher training for next week.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 12/6/22 at approximately 2:35pm revealed the following: Client #1's room: - 1 out of 3 lightbulbs were not working	V 736		

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V 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> - mattress was worn and uneven in the middle - box spring under the mattress was worn and discolored <p>Client #2's room:</p> <ul style="list-style-type: none"> - mattress was worn and uneven with a dip in the middle of mattress <p>Client #3's room:</p> <ul style="list-style-type: none"> - brown stain smeared on the wall by his bed <p>Client #4's room:</p> <ul style="list-style-type: none"> - blanket on the bed with no sheets or pillowcase - mattress stained with brown water stains - blinds at the window had broken slats <p>Client #5's room:</p> <ul style="list-style-type: none"> - 1 out of 3 lightbulbs were not working - brown spots splashed on the front of the closet door - water stains on the wall inside the closet - bug crawling on the wall under the window - small circular hole in the wall behind the bedroom door - air vent in the lower wall under the window was rusted and dusty <p>Upstairs bathroom:</p> <ul style="list-style-type: none"> - 2 out of 3 lightbulbs were not working - paint peeling under the light plate cover on the wall - vent in the lower wall very rusty, dirty and coming apart <p>Downstairs bathroom:</p> <ul style="list-style-type: none"> - toilet paper holder broken and missing - 1 out of 3 lightbulbs were not working <p>Kitchen:</p>	V 736		

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> - base of the faucet was loose and not sealed down to the sink causing it to slide around <p>Interview on 12/6/22 staff #1 reported:</p> <ul style="list-style-type: none"> - he was the live in staff during the week - they didn't have an issue with bugs inside of the home - an exterminator had come out for bugs outside of the home - if there were any maintenance issues, he would let the Qualified Professional (QP) know and she would send someone out to fix it - client #4's mattress was only a few months old - client #4 had sheet sets and he didn't know why they weren't on the bed - the QP was responsible for buying the furniture and mattresses for the clients <p>Interview on 12/12/22 the QP reported:</p> <ul style="list-style-type: none"> - she was responsible for purchasing mattresses and furniture - she had purchased new mattresses but will buy more mattresses and covers to help with the stains - "nobody's perfect and I am trying to do the best I can do." - Would assure that everything was corrected. 	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the</p>	V 752		

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V 752	<p>Continued From page 7</p> <p>water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure the water temperature was maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 12/6/22 at approximately 2:35pm revealed the following:</p> <ul style="list-style-type: none"> - Kitchen sink water temperature 120 degrees - Upstairs bathroom sink water temperature 122 degrees - Downstairs bathroom sink water temperature 120 degrees <p>Interview on 12/6/22 staff #1 reported:</p> <ul style="list-style-type: none"> - He turned the hot water up "just a little." - He would turn it back down. <p>Interview on 12/12/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - She told staff #1 that "he must not mess with the water temp because it has to stay within what the state says." - There was a thermometer in the group home and she used to do pop up visits to check the water temperatures. - She stopped checking the water temperature when she felt comfortable the staff was checking it. - She would start checking the temperatures again. 	V 752		