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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on January 31, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF-Psychiatric Residential Treatment Facility for Children and Adolescents. This facility has a current census of 8. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to develop and implement goals and strategies for 1 of 1 client (#1). The findings are:

Review on 1/31/23 of Client #1's record revealed:
-Admition date of 12/20/21.
-Diagnoses of Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder (per history.)
-Treatment plan dated 10/6/22 revealed:
-There were no goals and strategies to address client #1's elopement behavior.

Review on 1/31/23 of the North Carolina Incident Response Improvement System revealed:
-On 8/16/22, Client #1 eloped from the facility after stealing a staff's identification batch. He was found within 30 minutes from eloping.
-On 11/17/22, Client #1 eloped from the facility after pushing and breaking a couple of doors. He was always within eyesight of staff and was returned within 30 minutes from eloping.

Interview on 1/31/23 with the Case Manager/Qualified Professional revealed:
-She reported that client had pushed and broke through two facility doors in order to escape.
-She was always near him and within eyesight after he escaped.
-He was returned within 30 minutes to the facility by police officers.

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V 112	Continued From page 2 -She would address goal of addressing eloping behavior with Client #1's legal guardian and have his treatment plan resigned. Interview on 1/31/23 with the Clinical Director revealed: -Facility had taken corrective actions to prevent eloping. New doors were installed. Staff were also retrained. -He acknowledged facility failed to develop and implement goals and strategies to address Client #1's elopement behavior.	V 112		
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	V 536		

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V 536	Continued From page 3 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. (g) Staff shall demonstrate competence in the following core areas: (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). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include:	V 536		

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V 536	Continued From page 4	V 536		

(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.
(i) Instructor Qualifications and Training Requirements:
(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.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(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.
(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.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(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.
(7) Trainers shall teach a training program

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V 536	Continued From page 5 aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure 2 of 4 audited staff (The Case Manager and the Nurse) received annual training in alternatives to restrictive interventions. The findings are:	V 536		

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V 536	Continued From page 6 Review on 01/31/23 of the Case Manager's record revealed: -Hire date of 10/4/22. -She was hired as the Case Manager/Qualified Professional. -There was no training in alternatives to restrictive interventions. Review on 1/31/23 of the Nurse's record revealed: -Hire date of 7/12/17. -She was hired a a Nurse. -Training on alternatives to restrictive interventions expired on 12/15/22. -There was no current training in alternatives to restrictive interventions. Interview on 01/31/23 with the Case Manager revealed: -She had not completed her training on alternatives to restrictive interventions. Interview on 1/31/23 with the Administrative Assistant revealed: -Facility used the Evidence Based Protective Interventions as its curriculum for alternatives to restrictive interventions and restraints. -Facility used both alternatives to restrictive interventions and restraints. -Case Manager started working recently at the facility and had to take some time off as she had a death in her family. This delayed her process of obtaining required training. -Nurse with expired training only worked part-time and had not had the chance to renew the training this month. -She acknowledges that the Case Manager and the Nurse did not have updated training on alternatives to restrictive interventions and restraints.	V 536		

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V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (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. (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. (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. (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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.	V 537		

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V 537	Continued From page 8 (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (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. (i) Instructor Qualification and Training Requirements: (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.	V 537		

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V 537	Continued From page 9 (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. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (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. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually.	V 537		

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V 537	Continued From page 10 (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (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. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 staff (the Case Manager and the Nurse) received training in seclusion, physical restraint and isolation time-out. Review on 01/31/23 of the Case Manager's record revealed: -Hire date of 10/4/22. -She was hired as the Case Manager/Qualified	V 537		

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V 537	Continued From page 11 Professional. -There was no training in seclusion, physical restraint and isolation time-out. Review on 1/31/23 of the Nurse's record revealed: -Hire date of 7/12/17. -She was hired a a Nurse. -Training on seclusion, physical restraint and isolation time-out expired on 12/15/22. -There was no current training in seclusion, physical restraint and isolation time-out. Interview on 01/31/23 with the Case Manager revealed: -She had not completed her training in seclusion, physical restraint and isolation time-out. Interview on 1/31/23 with the Administrative Assistant revealed: -Facility used the Evidence Based Protective Interventions as its curriculum for alternatives to restrictive interventions and training in seclusion, physical restraint and isolation time-out. -Facility used alternatives to restrictive interventions and restraints. -Case Manager started working recently at the facility and had to take some time off as she had a death in her family. This delayed her process of obtaining required training. -Nurse with expired training only worked part-time and had not had the chance to renew the training this month. -She acknowledges that the Case Manager and the Nurse did not have updated training in seclusion, physical restraint and isolation time-out.	V 537		

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V 736	Continued From page 12	V 736		
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 failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Second Floor: Observation on 1/31/23 at about 2:30 pm of Room #4 revealed: -Room was being remodeled. Room was being painted. New beds and shelves were being placed. Observation on 1/31/23 at about 2:33 pm of Room #6 revealed: -Room was being remodeled. Room was being painted. New beds and shelves were being placed. Observation on 1/31/23 at about 2:35 pm of Room #3 revealed: -Walls were in need of painting. They were dirty and had some patched up work completed that needed to be sanded and painted over. -Bathroom-Walls were dirty. There was mold/mildew inside the shower.	V 736		

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V 736	Continued From page 13 Observation on 1/31/23 at about 2:40 pm of Room #2 revealed: -Walls were dirty and had some patched up work completed which needed to be sanded and painted over. Some writings on the walls. -Bathroom- There was mold/mildew inside the shower. Observation on 1/31/23 at about 2:45 of room #5 revealed: -Walls were dirty and had some patched up work completed which needed to be sanded and painted over. -Bathroom- There was a large wall tile missing. -Walls were dirty and had some patched up work completed which needed to be sanded and painted over. Observation on 1/31/23 at about 2:48 pm of Room #1 revealed: -Walls were dirty and had some patched up work completed which needed to be sanded and painted over. First Floor: Observation on 1/31/23 at about 2:52 pm the cafeteria revealed: -Walls were dirty and were being painted. Observation on 1/31/23 at about 2:55 pm the classroom revealed: -Walls were dirty and were being painted. Interview on 1/31/23 with the Program Director revealed: -Facility was constantly being maintained. Residents would always be peeling off paint from the walls and damaging walls.	V 736		

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V 736	Continued From page 14 -He had been remodeling some of the rooms and painting throughout. -He confirmed the facility was not clean, attractive and orderly at the time. This deficiency consitutes a re-cited deficiency and must be corrected within 30 days.	V 736		