

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2023
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NAME OF PROVIDER OR SUPPLIER HERBERT REID HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3733 HERITAGE MEADOW LANE HOLLY SPRINGS, NC 27540
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 2/27/23. The complaint was unsubstantiated (Intake # 00198278). 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 four and currently has three clients. The survey sample consisted of three current clients.</p>	V 000		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p>	V 367		

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

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V 367	<p>Continued From page 1</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a level II incident report was completed involving one of three clients (#1) was completed. The findings are:</p> <p>Review on 2/23/23 of client #1's record revealed: -Admission date of 1/99 -Diagnoses of Moderate Mental Retardation, Major Depression and legally blind.</p> <p>Interview on 2/23/23 the Licensee stated: -On 1/30/23 client #1 had a behavior that morning while getting dressed for the day program. -Client #1 was upset because he did not want to change his dirty clothes. -Client #1 started throwing and breaking things in</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>his room, so he closed the door to let him calm down.</p> <p>-Once he thought client #1 had calmed down, he opened the door to client #1 "charging" at him.</p> <p>-He got behind client #1 to put him in a restraint and they went to the floor.</p> <p>-As he was rolling around on the floor, he was trying to hold him to ensure the safety of the client and possible other clients in the home if he got out of his room.</p> <p>-Client #1 finally calmed down and was able to get off the floor.</p> <p>-Client #1 had a scratch over the top of his eye from his glasses and a small carpet burn on his chin.</p> <p>-Client #1 had not had these behaviors in many years and had been upset about not being able to get a job.</p> <p>-The Qualified Professional (QP) would be the one to do the incident report.</p> <p>-Not sure if she had completed the Incident Response Improvement System (IRIS report.)</p> <p>Review on 2/23/23 of IRIS system revealed no incident report completed regarding the 1/30/23 incident with client #1.</p> <p>Interview on 2/27/23 the QP stated:</p> <p>-Was aware of the incident on 1/30/23.</p> <p>-Had completed an internal investigation to ensure the safety of client #1.</p> <p>-Told staff #1 to do the IRIS report and she would go in and finish it.</p> <p>-Should have already been completed.</p> <p>-Will make sure the get the IRIS report completed.</p>	V 367		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO	V 537		

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V 537	<p>Continued From page 4</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 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,</p>	V 537		

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V 537	<p>Continued From page 5</p> <p>but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 Qualification 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</p>	V 537		

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V 537	<p>Continued From page 6</p> <p>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> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <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> <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</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>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 observation, record review and interview the facility failed to ensure one of three staff (Licensee) demonstrated competency in the proper use of a restrictive intervention. The findings are:</p> <p>Review on 2/23/23 of the Licensee's record revealed: -Training in the use of Restrictive Interventions, North Carolina Interventions (NCI) on 5/8/22</p> <p>Review on 2/23/23 of client #1's record revealed: -Admission date of 1/99</p>	V 537		

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V 537	<p>Continued From page 8</p> <p>-Diagnoses of Moderate Mental Retardation, Major Depression and legally blind.</p> <p>Interview on 2/23/23 the Licensee stated: -On 1/30/23 client #1 had a behavior that morning while getting dressed for the day program. -Client #1 was upset because he did not want to change his dirty clothes. -Client #1 started throwing and breaking things in his room, so he closed the door to let him calm down. -Once he thought client #1 had calmed down, he opened the door to client #1 "charging" at him. -He got behind client #1 to put him in a restraint and they went to the floor. -As he was rolling around on the floor, he was trying to hold him to ensure the safety of the client and possible other clients in the home if he got out of his room. -Client #1 finally calmed down and was able to get off the floor. -Should have let client #1 up after they went to the floor. -Had not been trained to do any physical restraints on the floor. -Was trying to hold him in a therapeutic wrap from behind. -Client #1 had a scratch over the top of his eye from his glasses and a small carpet burn on his chin. -Client #1 had not had these behaviors in many years and had been upset about not being able to get a job. -The Qualified Professional (QP) would be the one to do the incident report. -Not sure if she had completed the Incident Response Improvement System (IRIS report.)</p> <p>Observation on 2/23/23 at 10:30 AM of picture of client #1 taken on 1/30/23 revealed:</p>	V 537		

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V 537	<p>Continued From page 9</p> <ul style="list-style-type: none"> -A small scratch above his eyebrow. -A small red area on his chin. <p>Interview on 2/27/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -Client #1 had a behavior on 1/30/23 and he was restrained by the Licensee. -Heard they went to the floor during the attempted restraint. -Had planned to have the Licensee retrained on some strategies to use when client #1 had an aggressive behavior. -The Licensee is an older man and felt that client #1 was much stronger than the Licensee and that caused them to go to the floor during the restraint. -Client #1 had not had a behavior like this in many years. -Client #1 had not been restrained in a long time, so they now need to train to address it. 	V 537		