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V 000	INITIAL COMMENTS An annual, complaint, and follow up survey was completed on March 8, 2023. The complaint was unsubstantiated (NC# 198856). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:	V 114		

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V 114	Continued From page 1 Review on 3/8/23 of the facility's fire and disaster drill log revealed: -No documentation of fire drills during the following shifts and quarters: - July - September 2022: 2nd shift; - October - December 2022: 2nd shift - No documentation of disaster drills during the following shifts and quarters: - July - September 2022: 2nd shift; - October - December 2022: 2nd shift Interview on 3/6/23 with Client #1 revealed: -he had participated in fire drills at the facility. Interview on 3/7/23 with Lead Mentor Staff revealed: -all of the staff were responsible for implementing fire and disaster drills at the facility; -there was a sheet at the facility that reminded staff of when they were to be completed; -she was not aware of any missed drills. Interview on 3/7/23 and 3/8/23 with the Qualified Professional revealed: -he could not find the paperwork for the missing drills; -the missing drills were around the time when a former staff left the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a	V 131		

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V 131	Continued From page 2 health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 1 of 3 audited staff (Staff #2). The findings are: Review on 3/7/23 of Staff #2's personnel record revealed: -Hire Date: 2/16/23; -Position: Direct Support Professional; -Further review revealed that HCPR was accessed on 3/7/23 with the incorrect social security number for Staff #2. Interview on 3/8/23 with the Qualified Professional revealed: -they had a unit clerk leave in January 2023; -he accessed HCPR with the correct social security number for Staff #2 on this date and showed it to surveyor. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL	V 132		

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V 132	Continued From page 3 REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 4	V 132		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) The findings are:

Review on 3/6/23 of Client #2's record revealed:
Date of Admission: 6/17/20;
Diagnoses: Mood Disorder (D/O), Moderate Intellectual Developmental D/O (IDD), Cerebral Palsy, Severe Adaptive Delay, Gastroesophageal Reflux Disease (GERD) and Arthrogryposis;
-used wheelchair to ambulate.

Review on 3/6/23 of Client #3's record revealed:
Date of Admission: 8/3/20;
Diagnoses: Personal History of Other Mental/Behavioral D/O, Cerebral Palsy, Epilepsy, Blindness of Right Eye, Normal Vision of Left Eye, Presence of Cerebrospinal Fluid Drainage Device, and Moderate IDD.

Review on 3/7/23 of Staff #1's personnel record revealed:
Hire Date: 11/2/09;
Position: Direct Support Professional

Review on 3/7/23 of Staff #3's personnel record revealed:
Hire Date: 2/9/22;
Position: Direct Support Professional

Review on 3/6/23 of the North Carolina Incident Response Improvement System (IRIS) revealed:

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V 132	Continued From page 5 -2/21/23, incident that alleged two direct care staff (Staff #1 and #3) had verbally abused two clients (Client #2, #3) and that Client #2, who is non-ambulatory had been shut in her room by Staff #3 and that her wheelchair had been modified so that she could not leave her room. -Further review revealed that the HCPR section of the incident report had not been completed. Review on 3/7/23 of the facility's internal investigation completed by the Qualified Professional dated 2/27/23 revealed: -An investigation was started on 2/21/23 that found the allegations of abuse of Client #2, and #3 by Staff #1, and #3 to be unsubstantiated. Interviews on 3/8/23 with the Qualified Professional revealed: -he was responsible for IRIS reports; -he completed the HCPR section regarding this incident, "we take it seriously;" -he was not sure why it wasn't showing up in IRIS. Interview on 3/8/23 with the Program Manager revealed: -she would re-submit the information today.	V 132		
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,	V 536		

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V 536	Continued From page 6	V 536		

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 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

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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:
(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

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V 536	Continued From page 8 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 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	V 536		

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V 536	Continued From page 9 as for trainers. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audited staff, (Staff #2) was trained in the use of alternatives to restrictive interventions prior to providing services. The findings are: Review on 3/7/23 of Staff#2's personnel record revealed: -Hire Date: 2/16/23; -Position: Direct Support Professional; -No documentation of training on alternatives to restrictive intervention in file. Interview on 3/6/23 with Staff #2 revealed: -this was her second week of employment at the facility; -she provided direct care to the clients. Interview on 3/7/23 with the Qualified Professional revealed: -he taught PRO ACT, the restrictive intervention class for facility staff; -he was scheduled to train Staff #2 next week.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND	V 537		

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V 537	Continued From page 10 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. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions;	V 537		

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V 537	Continued From page 11 (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. (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.	V 537		

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V 537	Continued From page 12 (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. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor	V 537		

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V 537	Continued From page 13 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 review and interviews, the facility failed to ensure that 1 of 3 audited staff, (Staff #2) had current training in the use of seclusion, physical restraints, and isolation time out. The findings are: Review on 3/7/23 of Staff#2's personnel record revealed: -Hire Date: 2/16/23; -Position: Direct Support Professional; -No documentation of training on the use of seclusion, physical restraints, and isolation time out. Interview on 3/6/23 with Staff #2 revealed: -this was her second week of employment at the	V 537		

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V 537	Continued From page 14 facility; -she had not observed any restraints in the facility; -she provided direct care to the clients. Interview on 3/7/23 with the Qualified Professional revealed: -facility staff were trained in holds, but don't use them; -Staff #2 was a new hire; -he taught PRO ACT, the restrictive intervention class for facility staff.	V 537		