

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/28/2023
NAME OF PROVIDER OR SUPPLIER LINDA SHORTS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 106 GRANTHAM LANE JACKSONVILLE, NC 28546		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 28, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>V 536: Office Manager will ensure that all staff will be appropriately trained upon hire for the Alternatives to Restrictive interventions by a certified CPI trainer. Office Manager will ensure each staff charts are reviewed bi-annually and re-certified annually to stay in compliance with the said state rule V 536 /27E .0107 Client Rights-Training on Alt to Rest. Int. The policy will be reviewed and updated as changes are required. The back up reviews will be reviewed by the Basic Assurance Committee bi-annually.</p>	
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 course.</p>	V 536		


DHSR - Mental Health

MAR 16 2023

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Linda Gibson



TITLE
Director

(X6) DATE

March 10th, 2023

Division of Health Service Regulation

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V 536	Continued From page 1 (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: (A) who participated in the training and the outcomes (pass/fail);	V 536		

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V 536	Continued From page 2 (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 aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	V 536		

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V 536	<p>Continued From page 3</p> <p>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 3 audited staff (Qualified Professional) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 2/28/23 of the Qualified Professional's (QP) personnel record revealed:</p>	V 536		

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V 536	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Hire date: 9/18/20 -Hired as the QP. -No documentation of training on the use of alternatives to restrictive interventions. <p>Interview on 2/28/23 the QP stated:</p> <ul style="list-style-type: none"> -She had not completed the facility training for alternatives to restrictive interventions. -She had this training in the past but could not recall when she last completed the training or the curriculum that was used. -She visited the home at least once a week and would spend time with each client to see how things were going. <p>Interview on 2/28/23 the Licensee stated:</p> <ul style="list-style-type: none"> -She knew the QP had not completed the facility training for alternatives to restrictive interventions. -The QP did not provide services to the clients and always had other staff present when she was with clients. -The QP would interact with clients when in the home. -She had confused the requirement and thought only 1 person with the training was required to be present with clients. -She will make sure this is corrected. 	V 536			

Linda Shorts Home
Making A Difference in Family Living
106 Grantham Lane, Jacksonville, NC 28546
Office (910) 381-3461 ♦ Fax (910) 455-4480

Date: Mach 10th, 2023

To: Betty Godwin, RN, MSN
Nurse Consultant!
NCDHHS

From: Linda Gibson, Director
Linda Shorts Home


Re: Plan of Correction
Linda Shorts Home, 106 Grantham Lane, Jacksonville, NC 28546
Linda Gibson
MHL #067-026
leshorts@yahoo.com

Dear Mrs. Betty Godwin,

Please find in the attached our Plan of Correction for Linda Shorts Home. The enclosed documentation is from the Annual Survey that was conducted on February 28th, 2023.

Please advise if you should have any additional questions or concerns.

Thank you kindly,


Linda Gibson
Director of Linda Shorts Home
910-381-3461