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	MHL091-081	A. BUILDING: _____ B. WING _____	C 05/09/2023

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ADVANTAGE CARE VOCATIONAL CENTER	103 WORTHAM COURT HENDERSON, NC 27536

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V 000	INITIAL COMMENTS A complaint survey was completed on 5/9/23. The complaint was substantiated (intake #NC00201391). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5500 Sheltered Workshops for Individuals of All Disability Groups This facility has a current census of 32. The survey sample consisted of audits of 1 current client.	V 000	RECEIVED JUN 14 2023 DHSR-MH Licensure Sect	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for	V 109	V 109 Correction: *QP will be retrained in all duties pertaining to training staff. *QP will attend training courses through LME and other resources throughout the year for continuing education. *QP will be instructed on methods for training and monitoring staff. * All staff will be trained on client's treatment plan/goals. * Staff #1 is no longer employed with Advantage Care so retraining of Staff #1 isn't possible. Prevention: * New staff will be trained on client's treatment plans and goals during onboarding. * QP will document all training and retraining.	

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V 109	Continued From page 1 MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professional (QP) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are: Review on 5/9/23 the QP record revealed: -Hired date : 10/28/21 Interview on 5/9/23 the QP stated: -Had not trained staff on clients treatment plans -Staff should read the treatment plans -There was no documentation to show that staff have read the clients treatment plans -Job duties include staff training Interview on 5/9/23 Staff #2 stated: -All client goals were listed in the computer application that the company used -Had not been trained on clients goals by the QP Interview on 5/9/23 the Director of Operations (DOC) stated: -The QP should be training the staff on each	V 109	Monitoring/Timeline: * Training of QP and current staff will be completed by 6/30/2023. * DOO will monitor all training and retraining. * DOO will ensure that current staff are retrained by 7/5/2023. * DOO will monitor ongoing training and the training of new staff quarterly, and as needed, when new staff are hired, and staff has been reassigned.	

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V 109	Continued From page 2 client treatment plan -There was documentation that should be completed when staff are trained on clients treatment plans -There was no documentation completed to show any training was completed	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110	V110- Correction: * No retraining done with staff#1 because he was suspended on date of incident, 4/14/2023, and resigned on 4/18/2023 before he could return to work. * DOO and QP will collaborate with LME and other local resources to provided training. on deescalating tactics and tone of voice toward clients. *Training will be provided by 6/30/2023. Training will be. documented.	

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V 110	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 4 of 4 staff (#1,#2,#3 &#4) demonstrated knowledge and skills required by the population served. The findings are: Review on 5/9/23 of staff #1's personnel record revealed: -Hire date unknown -No training completed in deescalating tactics and tone of voice toward clients after the 4/14/23 incident Interview on 5/9/23 the Qualified Professional (QP) stated: -No training had been completed since this incident -No documentation to show staff had been trained on client treatment plans, deescalating tactics and tone of voice Interview on 5/9/23 staff #1 stated: -Has not had any new training since the incident on 4/14/23 Interview on 5/9/23 the Director of Operations stated: -Training should be completed and signed off on by the QP of clients goals and treatment plans -There should be documentation of trainings	V 110	Prevention: * Training on deescalating tactics, etc. will be repeated annually for all staff. *All new staff will also receive training on deescalating tactics, etc. Monitoring/ Timeline: * Retraining of current staff will be completed by 6/30/2023. * HR and DOO will ensure that training is completed, documented and in staff. records by 7/5/2023. * HR and DOO will also monitor on going training throughout the year (at least quarterly) for new hires and annual retraining.	
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection	V 132	V132 CORRECTION: * DOO submitted report to Health Care Personnel Registry on 5/ 15/2023	

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V 132	Continued From page 4 G.S. §131E-256 HEALTH CARE PERSONNEL 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	Prevention: * DOO will review the rules for reporting level II and level III incidents to the Health Care Personnel Registry. * DOO will also review Advantage Care's processed and procedures will be revised, as needed. * QP and staff will be retrained on the processes and timelines for reporting by 6/30/2023. Monitoring/Timeline: * HR and DOO will monitor retraining and ensure that it is completed by 6/20/2023. documented. * Documentation of all training will be placed in staff records. by 7/5/2023. * HR and DOO will monitor training of new hires and ongoing training throughout t the year. All staff will receive. annual retraining.	

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V 132	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) is notified of all allegations against health care personnel. The findings are: Record review on 5/9/23, client #1 revealed: - Admitted 1/30/23 -Oppositional Defiant Disorder, Mild Intellectual Disabilities, Schizoaffective Disorder and Attention Deficit Hyperactivity Disorder Review on 5/9/23 of facility Incident Report revealed : -Date of Incident 4/14/23 completed by the Qualified Professional (QP) - Incident type Aggressive Behavior -"Were you involved in any ways, if yes who did you report the incident to : I tried to separate [staff & client]" Review on 5/8/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No incident reports submitted by the facility between March 2023- April 2023 Interview on 5/9/23 the QP stated: -Had not entered incident into IRIS -Had concerns about FS#1 tone of voice when he talked to the client -Had not considered the tone of voice as verbal	V 132		

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V 132	Continued From page 6 abuse Interview on 5/9/23 the Director of Operations stated: -Had not read the internal investigation -Was not aware of alleged verbal abuse	V 132		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367	V367 CORRECTION: * DOO submitted report to IRIS on 5/10/2023. Prevention: * DOO reviewed the rules for reporting Level II and Level III incidents to IRIS. * DOO has reviewed Advantage Care's process for internal and external reporting of level II and level III incidents. Advantage Care's processes and procedures were revised. and updated on 6/4/2023. *QP and staff were retrained on the processes and timelines for reporting on 5/30/2023 and 5/31/2023. Monitoring/ Timeline: * HR and DOO ensured that retraining was completed and documented on 5/30/2023 and 5/31/2023. * Record of retraining has been placed in staff's charts.	

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V 367	Continued From page 7 report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area;	V 367	* HR and DOO will monitor training of new hires and ongoing training throughout the year: all staff will receive annual retraining.	

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V 367	Continued From page 8 (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are: Record review on 5/9/23, client #1 revealed: - Admitted 1/30/23 -Oppositional Defiant Disorder, Mild Intellectual Disabilities, Schizoaffective Disorder and Attention Deficit Hyperactivity Disorder Review on 5/9/23 of facility Incident Report revealed : -Date of Incident 4/14/23 completed by the Qualified Professional (QP) - Incident type Aggressive Behavior -"Were you involved in any ways, if yes who did you report the incident to : I tried to separate [staff & client]"	V 367		

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V 367	Continued From page 9 Review on 5/8/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No incident reports submitted by the facility between March 2023- April 2023 Review on 4/18/23 of the facility's internal investigation revealed: -Investigation started 4/14/23 -Investigation completed 4/17/23 Interview on 5/9/23 the QP stated: -Had not entered incident into IRIS Interview on 5/9/23 the Director of Operations stated: -Had not read the internal investigation -Was not aware that the incident needed to be enter into IRIS	V 367		