

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
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NAME OF PROVIDER OR SUPPLIER LINDEN LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 LINDEN ROAD ABERDEEN, NC 28315
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on June 22, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	<p>V 000</p> <p style="text-align: center;">DHSR - Mental Health JUL 24 2023 Lic. & Cert. Section</p>
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a 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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of two paraprofessionals (#1). The findings are:</p> <p>Review on 6/20/23 of staff #1's personnel file revealed: -Hire date of 2/13/23. -Hired as a Direct Support Professional. -The HCPR check was dated 2/27/23.</p>	<p>V 131</p> <p>Deficiency #1 - G.S. 131E-256 (D2) HEALTH CARE PERSONNEL REGISTRY (HCPR) - Prior Employment Verification</p> <p>Plan of Correction - Deficiency #1 Correction: Going forward supervisory staff will check all new hires in the Health Care Personnel Registry and shall note each incident of access in their personnel files. This will be done the same day new hires sign their employment/hiring paperwork. Prevention: The "Employee Checklist" will be corrected to say the HCPR needs to be done immediately upon being hired and the portion saying the HCPR needs to be done within 14 days of being hired will be removed. Monitoring Body: Supervisory staff will monitor each other to ensure all new hires are immediately checked against the HCPR on the same day employment/hiring paperwork is being signed by the new hire. Frequency: Compliance of this rule will be monitored by both supervisory staff members each time there is a new hire.</p>

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

Stephanie...

TITLE

Executive Director

(X6) DATE

7/10/2023

Division of Health Service Regulation

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V 131 Continued From page 1

Interview on 6/20/23 with the Executive Director revealed:
-She was responsible for ensuring that a HCPR check was completed before hiring new staff.
-She thought that a HCPR check could be completed fourteen days after hiring new staff.
-She would ensure HCPR checks were completed before hiring new staff.

V 131

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 methods to determine passing or failing the course.

(e) Formal refresher training must be completed

V 536

Deficiency #2 - 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

Plan of Correction - Deficiency #2

Correction: A trainer for the NCI training will be secured and a training date will be set so staff #1 can be trained.

Prevention: To prevent staff from going without NCI training in the future, we will establish a secondary trainer. The secondary trainer will be considered as a backup option if for some reason the primary trainer becomes unavailable for an extended amount of time.

Monitoring Body: The supervisory staff will monitor the training needs of all active staff by use of Google Calendar to alert the supervisory staff of upcoming expiration of staff trainings.

Frequency: Compliance will be monitored on an "as needed basis." No monitoring is required until a google alert is issued alerting supervisory staff that a staff members training is set to expire. Once an alert is received the supervisory will initiate the process of setting up training prior to the expiration date.

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V 536	<p>Continued From page 2</p> <p>by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</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>	V 536		
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V 536	<p>Continued From page 3</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 Qualifications 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 by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p>	V 536		
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V 536	<p>Continued From page 4</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 one of three audited staff (#1) had training in the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 6/20/23 of staff #1's personnel file revealed: -Hire date of 2/13/23.</p>	V 536		
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V 536	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Hired as a Direct Support Professional. -There was no documentation of training on alternatives to restrictive intervention. <p>An attempt was made to contact staff #1 via phone call and leaving a voicemail message.</p> <p>Interview on 6/20/23 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -She was aware that staff #1 had not received alternatives to restrictive intervention training. -The facility used NCI+ National Crisis Intervention Plus as its curriculum. -She was responsible for scheduling and ensuring staff were trained. -The trainer previously used by the agency retired and she had been "looking" into securing a new trainer. -She would have a trainer by the end of the month and staff #1 would be trained. 	V 536		
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