

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2023
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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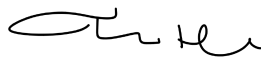
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 9/12/23. The complaint was unsubstantiated (Intake #NC00204868). Deficiencies were cited.</p> <p>This facility is licensed for the following service category:10A NCAC 27G .1300 Residential Treatment Facilities for Children and Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 4. The survey sample consisted of audits of 3 current clients, 1 former client.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><i>By Laura Bryant at 10:14 am, Oct 31, 2023</i></p> </div>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

QA/QI

(X6) DATE

STATE FORM

6899

6EWM11

If continuation sheet 1 of 22

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement treatment strategies to address the needs for 2 of 4 audited clients (Client #2 and Former Client #5). The findings are:</p> <p>Review on 9/1/23 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date 4/25/23; - Age: 14; - Diagnoses Attention Deficit Hyperactivity Disorder, Predominantly Hyperactive/Impulsive Presentation, Adjustment Disorder with Mixed Disturbances of Emotions and Conduct, Post Traumatic Stress Disorder, Reactive Attachment Disorder, Borderline Intellectual Functioning; <p>- Person Centered Profile dated 8/18/23 "Therapist will engage resident in weekly individual therapy in order to explore triggers for anger and other strong feelings and teach skills for more effectively managing anger, aggression, and other impulsive behaviors. Therapist will facilitate daily processing group with Resident and peers in order to increase positive communication and problem-solving skills."</p> <p>Review on 9/11/23 of Former Client #5's record revealed:</p> <ul style="list-style-type: none"> - Admission date 11/29/22; - Age 14; 	V 112	<p>Treatment Plans & Therapy Notes</p> <ol style="list-style-type: none"> 1. PCP required prior to enrollment. 2. PCP must be updated within 30 days of admission. 3. Review client treatment plans & Create therapist a schedule for therapy. To include- Client name & Number of Sessions Needed. Submit to QIS. 4. Therapy sessions are provided based on requirements within the client's respective treatment plan. Bi-weekly therapy sessions are to be conducted for all clients unless noted otherwise in their treatment plan. 5. All therapy notes must be in KIPU within 24 hrs. of sessions given. 6. All therapy notes will be reviewed and approved weekly. 	11/3/2023
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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Discharge date 8/11/23; - Diagnoses : Oppositional Defiant Disorder; Unspecified Trauma and Stressor Related Disorder; Major Depressive Disorder, Single Episode, Mild; Adjustment Disorder, Unspecified; - Person Centered Profile date 7/13/23 "therapist will provide interaction to build competence and stability through cognitive behavioral oriented individuals group and family therapy, processing cognitive restructuring and psychoeducational address issues related to trauma at 90 minutes each week..." <p>Review on 9/1/23 of Client #2's Individual Therapy Notes from June 1, 2023-August 31, 2023 revealed:</p> <ul style="list-style-type: none"> -Individual therapy notes dated 6/8/23, 6/10/23, 8/31/23 for 60 minutes. <p>Review on 9/11/23 of Former Client #5's Individual Therapy Notes from June 1, 2023-August 11, 2023 revealed:</p> <ul style="list-style-type: none"> - Individual therapy note dated 6/6/23 for 60 minutes. <p>Interview on 9/8/23 with the Therapist revealed:</p> <ul style="list-style-type: none"> - Worked part time as the therapist for the Licensee; - Met with the clients in the cottage weekly;- Was behind on entering therapy notes into their system Kipu (electronic medical records); <p>Interview on 9/11/23 with the Chief Clinical Performance Officer revealed:</p> <ul style="list-style-type: none"> -Protocol was for the therapist to have therapy notes in the system in 24 hours; - Therapist was behind on putting notes into the system - Therapist worked part time; - Some clients started seeing an independent 	V 112	
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<p>V 112</p>	<p>Continued From page 3</p> <p>practice therapist in August 2023;</p> <ul style="list-style-type: none"> - "Hired a full time therapist, she got out of training last week." - Current part time therapist will only be doing weekend groups. 	<p>V 112</p>		
<p>V 114</p>	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete fire and disaster drills at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 9/1/23 of the facility's fire and disaster drill log from 4/1/23-9/1/23 revealed:</p> <ul style="list-style-type: none"> - No documentation of 1st shift (7am-3pm), 2nd shift 3pm-11pm and 3rd shift (11pm-7am) fire and disaster drills for the 2nd quarter from April-June 2023; 	<p>V 114</p>	<p>1. Create a Fire & Disaster quarterly drill schedule for implementation</p> <p>2. Assign AHS staff to conduct drills</p> <p>3. Review drill documentation and ensure they are done timely & that documentation is recorded & maintained</p> <p>4. Email Proof of Completed (September) drills to QIS no later than 10/2/23</p> <p>Ongoing: Fire & Disaster Drills must be performed quarterly-</p> <ul style="list-style-type: none"> <input type="checkbox"/> Per cottage <input type="checkbox"/> Per shift 	<p>11/3/23</p>

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V 114	<p>Continued From page 4</p> <ul style="list-style-type: none"> - No documentation of 1st shift (7am-3pm), 2nd shift (3pm-11pm) and 3rd shift (11pm-7am) fire and disaster drills for the 3rd quarter from July-August 2023; <p>Interview on 9/7/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> - Have not completed drills; - "Been months ago, since they (staff) have done a drill." <p>Interview on 9/7/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> - "Don't know the last time they did a drill." <p>Interview on 9/7/23 with Client #3 revealed: - Denied fire or disaster drills been completed since admitted on July 6, 2023.</p> <p>Interview on 9/7/23 with Client # 4 revealed: - Fire drills are "disable" but they complete them at school</p> <p>Interview on 9/7/23 with Staff #1 revealed: - Have not completed a fire or disaster drill since working in the cottage over the last 4 months; - "We have had the conversation a couple of times in our cottage but having the conversation is not the same as having one."</p> <p>Interview on 9/8/23 with Staff #2 revealed: - Have not completed a fire or disaster drill since starting June 27, 2023.</p> <p>Interview on 9/7/23 with Staff #3 revealed: - Denied fire and disaster drills were being completed.</p> <p>Interview on 9/1/23 with the Chief Quality and Improvement Specialist revealed: -"There are no fire and disaster drills from April until now."</p>	V 114	
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<p>V 114</p>	<p>Continued From page 5</p> <p>-"The facility manager, who was in charge of fire and disaster drills left the agency in February on a workers compensation." - New facility manager started June 1, 2023;</p>	<p>V 114</p>		
<p>V 118</p>	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	<p>V 118</p>		

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<p>V 118</p>	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure a MAR of all drugs administered to each client was kept current affecting 2 of 4 audit clients (Client #1, Client #2). The findings are:</p> <p>Review on 9/1/23 and 9/6/23 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 4/10/23; - Age: 15; - Diagnoses: Attention Deficit Hyperactivity (ADHD), Autism Spectrum Disorder, Disruptive Mood Dysregulation. - Physician's order dated 4/27/23 for Clonidine 0.1mg (milligram) (ADHD) extended, two tablets every 12 hours. - Physician's order dated 3/31/23: Obtain blood pressure before administering clonidine. Hold medication if blood pressure less than 90/60. <p>Review on 9/1/23 and 9/6/23 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 4/25/23; - Age: 14; - Diagnoses: ADHD predominately hyperactive/impulsive presentation, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Borderline Intellectual Functioning; - Physician's order dated 6/21/23 for Differin (acne) 0.3% topical gel, apply to face at bedtime; - Physician's order dated 4/28/23 for Symbicort (seasonal allergies 160 mcg/405 mcg 	<p>V 118</p>	<ol style="list-style-type: none"> 1. Assigning Nurse lead 2. Schedule & retrain nursing team on documentation of Medication Administration Record (MAR) 3. Provide QIS with the Training Agenda & Sign-up sheet for all attendees 	<p>11/3/23</p>
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V 118	<p>Continued From page 7</p> <p>(microgram) one inhalation twice daily;</p> <ul style="list-style-type: none"> - Physician's order dated 4/28/23 for Cetirizine (seasonal allergies) 10mg once daily on in the morning. <p>Review on 9/6/23 of Client #1's electronic MAR for June 1, 2023 to September 6, 2023 revealed:</p> <ul style="list-style-type: none"> - No documentation of client #1's blood pressure reading on 9/3/23 but clonidine 0.1mg documented as administered on 9/3/23; - Clonidine 0.1mg not administered with the notation "not available" (medications were not in the facility) from 6/26/23 until the evening dose on 7/1/23. <p>Review on 9/6/23 of Client #2's electronic MAR for June 1, 2023 to September 6, 2023 revealed:</p> <ul style="list-style-type: none"> - Differin 0.3% topical gel not administered with a notation "not available" from 7/1/23 to 7/4/23. - Symbicort 160 mcg/405 mcg not administered on 9/6/23. No reason documented for the missed dose. - Cetirizine 10 mcg not administered on 9/6/23. No reason documented for the missed dose. <p>Interview on 9/7/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> - Yes, he takes meds. - Sometimes he thinks they miss giving him his medications , don't know for sure. <p>Interview on 9/7/23 with Client #2 revealed: - Takes meds daily and gets meds "like a dope dealer"</p> <ul style="list-style-type: none"> - Meds are never missed. <p>Interview on 9/7/23 with the Registered Nurse revealed:</p> <ul style="list-style-type: none"> - Client #1's Clonidine was not given because "we were waiting on the pharmacy to deliver the meds". 	V 118	
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<p>V 118</p>	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Did not know why client #1's blood pressure was not documented on 9/3/23. - Client #2's "Differin was ordered on a holiday weekend and the pharmacy was closed." - She did not know why Client #2's Symbicort and cetirizine was not administered on 9/6/23. - "If the order was for a antibiotic or something that needed to be started right away we would get the medication from one of the local pharmacy's." 	<p>V 118</p>		
<p>V 131</p>	<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 review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 3 of 5 audited staff (Staff #2, Staff #3, Staff #4). The findings are:</p> <p>Review on 9/6/23 of Staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 6/27/23; - Job Title Residential Care Worker;- HCPR report was dated 8/30/23. 	<p>V 131</p>	<p>1.HR will conduct HCPR checks manually instead of using electronic record system prior to giving a hire date and candidates starting training.</p>	<p>11/3/23</p>

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<p>V 131</p>	<p>Continued From page 9</p> <p>Review on 9-6-23 of staff #3's personnel file revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 3-8-21; - Job Title Residential Care Worker;- HCPR report was dated 8/30/23. <p>Review on 9-6-23 of staff #4's personnel file revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 11-2-20; - Job Title Supervisor; - HCPR report was dated 8/5/22. <p>Interview on 9/11/23 with the Human Resources Generalist revealed:</p> <ul style="list-style-type: none"> - Worked for Licensee for 4 months; - HCPR is accessed when hire letters are sent to new employees with a link to an agency that completes HCPR check. 	<p>V 131</p>		
<p>V 536</p>	<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</p>	<p>V 536</p>		

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V 536	<p>Continued From page 10</p> <p>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> <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 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</p>	V 536	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">MHL090-219</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">09/12/2023</p>
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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(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
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Division of Health Service Regulation

V 536	<p>Continued From page 11</p> <p>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> <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; (B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p>	V 536		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">MHL090-219</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">09/12/2023</p>
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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Division of Health Service Regulation

V 536	<p>Continued From page 12</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> <p>(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.</p> <p>(1) Documentation shall include: (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>	V 536	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">MHL090-219</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">09/12/2023</p>
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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Division of Health Service Regulation

<p>V 536</p>	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure staff completed annual refresher training in alternatives for restrictive interventions affecting 3 of 5 audited staff (Staff #3, Staff #4, Registered Nurse). The findings are:</p> <p>Review on 9/6/23 of Staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 3/8/21; - Initial training in Therapeutic Crisis Intervention (TCI) Training in alternative to restrictive interventions completed on 3/12/21; - No refresher TCI training in alternatives for restrictive interventions documented. <p>Review on 9/6/23 of Staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 11/2/20; - Initial training in TCI Training in alternative to restrictive interventions completed on 10/16/20; - No refresher TCI training in alternatives for restrictive interventions documented. <p>Review on 9/6/23 of the Registered Nurse's (RN) personnel file revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 4/18/22; - Initial training in TCI Training in alternative to restrictive interventions completed on 4/22/22; - No refresher TCI training in alternatives for restrictive interventions documented. <p>Interview on 9/7/23 with Staff #3 revealed:</p> <ul style="list-style-type: none"> - She has had TCI in the last year; - Trainings are done in a classroom, "we go back several times, one time a year we get our certificate." 	<p>V 536</p>	<ol style="list-style-type: none"> 1. AHS Training Dept. will create a training schedule 2. Training Specialist will be scheduled & trained in (TCI) to facilitate training for all AHS staff. 3. ALL AHS STAFF must be trained in TCI training within the next 60-days. 4. All AHS staff must be trained prior to receiving a hire date and re-training prior to being in ratio. 5. Training specialist will maintain tracking tool to ensure all staff are up to date and will email this tracking tool to the supervisor, Agency Chief Director Bi-weekly. 	<p>11/3/23</p>
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL090-219</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>09/12/2023</p>
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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>PENA COTTAGE</p>	<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103</p>
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>
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Division of Health Service Regulation

V 536	<p>Continued From page 14</p> <p>Interview on 9-7-23 with the RN revealed:</p> <ul style="list-style-type: none"> - She has had 2 TCI refresher courses; - Had TCI refresher in "June or July of 23." <p>Interview on 9/12/23 with the facility's Corporate Trainer revealed:</p> <ul style="list-style-type: none"> - "TCI is completed thru the in-house trainer.";- "They (in house trainer) should be keeping up with keeping up with that (when staff are due for trainings); - The refresher TCI is 12 hours not sure how it is split up." <p>Interview on 9/12/23 with the Contract Trainer revealed:</p> <ul style="list-style-type: none"> - After employees are trained in TCI, they are required to take a 12-hour refresher by the next year; - "Best practice is to do it in quarterly blocks."; - All quarterly trainings have to be completed before the initial year's training expires; - Trainings are tracked through the learning management system; - "Staff will get a notification that their training is about to expire, and a report goes to their supervisor as well." 	V 536	
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</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</p>	V 537	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2023
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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Division of Health Service Regulation

V 537	<p>Continued From page 15</p> <p>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, 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>	V 537	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2023
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Division of Health Service Regulation

V 537	<p>Continued From page 16</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.(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(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 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</p>	V 537		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2023
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Division of Health Service Regulation

V 537	<p>Continued From page 17</p> <p>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; (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 instructor training at least every two years. (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(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may</p>	V 537		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2023
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Division of Health Service Regulation

<p>V 537</p>	<p>Continued From page 18</p> <p>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. (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 record reviews, and interviews, the facility failed to ensure staff demonstrated competency in restrictive interventions affecting 3 of 5 audited staff (Staff #3, Staff #4, Registered Nurse). The findings are:</p> <p>Review on 9/6/23 of Staff #3's personnel file revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 3/8/21; - Initial training in Therapeutic Crisis Intervention (TCI) Training on Seclusion, Physical Restraint & Isolation Time Out completed on 3/12/21; - No refresher TCI Training on Seclusion, Physical Restraint & Isolation Time Out documented. <p>Review on 9/6/23 of Staff #4's personnel file revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 11/2/20; - Initial training in TCI Training on Seclusion, Physical Restraint & Isolation Time Out completed on 10/16/20; 	<p>V 537</p>	<p>1. AHS Training Dept. will create a training schedule 2. Training Specialist will be scheduled & trained in (TCI) to facilitate training for all AHS staff. 3. ALL AHS STAFF must be trained in TCI training within the next 60-days. 4. All AHS staff must be trained prior to receiving a hire date and re-training prior to being in ratio. 5. Training specialist will maintain tracking tool to ensure all staff are up to date and will email this tracking tool to the supervisor, Agency Chief Director Bi-weekly.</p>	<p>11/3/23</p>
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL090-219</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>09/12/2023</p>
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Division of Health Service Regulation

V 537	<p>Continued From page 19</p> <ul style="list-style-type: none"> - No refresher TCI Training on Seclusion, Physical Restraint & Isolation Time Out documented. <p>Review on 9/6/23 of the Registered Nurse's (RN) personnel file revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 4/18/22; - Initial training in TCI Training on Seclusion, Physical Restraint & Isolation Time Out completed on 4/22/22; - No refresher TCI Training on Seclusion, Physical Restraint & Isolation Time Out documented. <p>Interview on 9/7/23 with Staff #3 revealed:</p> <ul style="list-style-type: none"> - She has had TCI in the last year; - Trainings are done in a classroom, "we go back several times, one time a year we get our certificate." <p>Interview on 9/7/23 with the RN revealed:</p> <ul style="list-style-type: none"> - She has had 2 TCI refresher courses; - Had TCI refresher in "June or July of 23." <p>Interview on 9/12/23 with the facility's Corporate Trainer revealed:</p> <ul style="list-style-type: none"> - "TCI is completed thru the in-house trainer.";- "They (in house trainer) should be keeping up with keeping up with that (when staff are due for trainings); - The refresher TCI is 12 hours not sure how it is split up." <p>Interview on 9/12/23 with the Contract Trainer revealed:</p> <ul style="list-style-type: none"> - After employees are trained in TCI, they are required to take a 12-hour refresher by the next year; - "Best practice is to do it in quarterly blocks."; - All quarterly trainings have to be completed 	V 537	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2023
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Division of Health Service Regulation

<p>V 537</p>	<p>Continued From page 20</p> <p>before the initial year's training expires; - Trainings are tracked through the learning management system; - "Staff will get a notification that their training is about to expire, and a report goes to their supervisor as well."</p>	<p>V 537</p>		
<p>V 736</p>	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observations on 9/11/23 at approximately 2:40pm of the facility revealed:</p> <ul style="list-style-type: none"> - Kitchen- Missing lament flooring approximately 1.5 inches long and 1 inch wide; - Bathroom #1- Lament flooring in front of the toilet had a split approximately 6 inches long; - Bathroom #2- Hole in light fixture approximately the size of a quarter; - The top of the tiolet tank was smaller than the tank and was held together with a zip tie; - Bathroom #3- Broken towel rack (missing towel bar) on the wall; - Lament flooring had a split approximately 4 inches long; - Bathroom #5 - Broken towel rack (missing towel bar) on the wall; - Soap dispenser broken in half 	<p>V 736</p>	<p>Facility Maintenance will conduct a weekly facility walk through checklist to ensure compliance of all damages to facility.</p> <p>Facility Maintenance will submit the form to supervisor, Agency Chief Director Bi-weekly to ensure compliance.</p> <p>All listed items of damages has been fixed by 10/12/23</p>	<p>11/3/23</p>

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED 09/12/2023</p>
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>
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Division of Health Service Regulation

V 736	<p>Continued From page 21 missing the front piece of the dispenser;</p> <p>Observation of bedroom #6 on 9-11-23 at approximately 3:15pm revealed: - Bathroom #6- Sink had loose handle. When the handle was turned to the hot water position water failed to flow.</p> <p>Interview on 9/11/23 with the Quality Improvement Specialist revealed: - Emailed the Chief Quality Improvement Specialist a list of all of the repairs.</p>	V 736		
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