

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/14/2023
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NAME OF PROVIDER OR SUPPLIER WILSON COUNTY GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 308 BRAGG ST NE WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on September 14, 2023. The complaint was unsubstantiated. (intake #NC00205701) Deficiencie cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">OCT 18 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

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

Leslie Flowers, Snn. QM Director

TITLE

10/12/23

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide cardiopulmonary resuscitation (CPR) and the Heimlich maneuver training and first aid (FA) to meet client needs for 3 of 5 staff audited (staff #'s 2, #3, and #6). The findings are:</p> <p>Review on 8/14/23 of staff #2's personnel file revealed: - Hire date: 7/17/23 - Position: Direct Support Professional - No documentation of current CPR and FA certification.</p> <p>Interview on 8/17/23 staff #2 stated he had trained in CPR/FA.</p> <p>Review on 8/17/23 of staff #3's personnel file revealed: - Hire date: 5/8/23 - Position: Direct Support Professional - No documentation of current CPR and FA certification.</p> <p>Interview on 8/17/23 staff #3 stated she had trained in CPR/FA.</p>	V 108	<p>V108 – 3 Staff did not have the CPR FA certificate accessible. All staff are currently certified in CPR FA. These will be uploaded in RELIAS (ESUCPs online training system).</p> <p>Program Director and QM will review the process for uploading certificates with the GH Mangers.</p> <p>Program Director will complete full review of training certification uploads to ensure compliance with all trainings with GH Manager on 10/12.</p> <p>Revise training certification and tracking process to GH Manager upload the certs in UKG (ESUCPs online HR System) then update the tracker in RELIAS.</p> <p>This will be reviewed during the Peer Reviews by GH Manager peers.</p>	11/9/23

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V 108	<p>Continued From page 2</p> <p>Review on 8/17/23 of staff #6's personnel file revealed: - Hire date: 6/7/23 - Position: Qualified Professional - No documentation of current CPR and FA certification.</p> <p>Interview on 8/17/23 staff #6 stated she had previously trained in CPR/FA.</p> <p>Interview on 9/13/23 the Interim Regional Director/Program Coordinator stated: - She understood the facility was required to maintain for staff to meet the needs of the clients.</p>	V 108		
V 114	<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 interview the facility failed to ensure fire and disaster drills were held</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>quarterly and repeated on each shift. The findings:</p> <p>Review on 8/10/23 of facility records from 8/1/22 - 7/31/23 revealed:</p> <p>Fire Drills:</p> <ul style="list-style-type: none"> - 1st quarter (August - October) 2022: No documented fire drills. - 2nd quarter (November 2022 -January 2023): No documented fire drills. - 3rd quarter (February - April) 2023: No documented fire drills for 3rd shift. - 4th quarter (May - July) 2023: No documented fire drills for 2nd shift. <p>Disaster Drills:</p> <ul style="list-style-type: none"> - 1st quarter (August - October) 2022: No documented disaster drills. - 2nd quarter (November 2022 -January 2023): No documented disaster drills. - 3rd quarter (February - April) 2023: No documented disaster fire drills for 2nd shift. - 4th quarter (May - July) 2023: No documented disaster drills for 2nd shift. <p>Interviews on 9/14/23 client #2 and client #4 stated they participated in fire drills.</p> <p>Interview on 9/1/23 the Qualified Professional stated that clients had been compliant with drills and drills are completed monthly.</p> <p>Interview on 8/10/23 the Interim Regional Director/Program Coordinator stated:</p> <ul style="list-style-type: none"> -Shifts at the facility were 6am-10pm, 2pm-10pm and 10pm-6am. -The 2022 fire and disaster drills could not be located. - She had provided all completed fire and disaster drills for the surveyor to review. 	V 114	<p>V114</p> <p>Drills completed prior to Manager being in the home were not available. All drills are now submitted via survey link and go directly to a cloud for leadership to have immediate acces to. They are also uploaded in the EHR for each home.</p> <p>Drills will be uploaded by Thursday the 12th by Program Manager.</p>	10/12/23

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V 114	Continued From page 4 - She was unable to locate the drills completed for 2022. - She understood fire and disaster drills were to be held quarterly and repeated on each shift.	V 114		
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 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	V 536		

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V 536	<p>Continued From page 5</p> <p>Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (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. <p>(i) Instructor Qualifications and Training Requirements:</p>	V 536		
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V 536	<p>Continued From page 6</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> <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>	V 536		
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V 536	<p>Continued From page 7</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 reviews and interviews the facility failed to ensure 1 of 5 audited staff (staff #6) training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 8/17/23 of staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date: 6/7/23. - Position: Direct Support Professional. - No documentation of current training in alternatives to restrictive interventions. <p>During interview on 8/17/23 staff #6 stated she</p>	V 536	<p>V536 – Staff # 6 is no longer with the organization. All staff are currently certified in Restrictive Interventions. The certificates will be uploaded in RELIAS (ESUCPs online training system).</p>	11/9/23

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Program Director and QM will review the process for uploading certificates with the GH Mangers.

Program Director will complete full review of training certification uploads to ensure compliance with all trainings with GH Manager on 10/12.

Revise training certification and tracking process to GH Manager upload the certs in UKG (ESUCPs online HR System) then update the tracker in RELIAS.

This will be reviewed during the Peer Reviews by GH Manager peers.

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V 536	<p>Continued From page 8</p> <p>had not been trained in alternatives to restrictive intervention.</p> <p>During interview on 9/13/23 the Interim Regional Director/Program Coordinator stated she understood the requirement for all staff to be trained in alternatives to restrictive interventions.</p>	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 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</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>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> <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.</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 537		

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V 537	<p>Continued From page 10</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 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 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;</p> <p>(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>	V 537		

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V 537	<p>Continued From page 11</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.</p> <p>(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</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>(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.</p> <p>(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> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 staff (#6) received</p>	V 537		

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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
V 537	<p>Continued From page 12</p> <p>annual training updates in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 8/17/23 of staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date: 6/7/23. - Position: Direct Support Professional. - No documentation of current training in seclusion, physical restraint and isolation time-out. <p>During interview on 8/17/23 staff #6 stated she had not been trained in seclusion, physical restraint and isolation time-out.</p> <p>During interview on 9/13/23 the Interim Regional Director/Program Coordinator stated she understood the requirement for all staff to be trained in seclusion, physical restraint and isolation time-out. .</p>	V 537	<p>V537</p> <p>All staff are currently certified in Restrictive Interventions. The certificates will be uploaded in RELIA (ESUCPs online training system).</p> <p>Program Director and QM will review the process for uploading certificates with the GH Mangers.</p> <p>Program Director will complete full review of training certification uploads to ensure compliance with all trainings with GH Manager on 10/12.</p> <p>Revise training certification and tracking process to GH Manager upload the certs in UKG (ESUCPs online HR System) then update the tracker in RELIAS.</p>	11/9/23
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 observation and interview the Licensee failed to maintain the facility in a safe, clean, attractive, orderly manner. The findings are:</p> <p>Observation of the facility on 9/13/23 at approximately 10:15am revealed:</p> <ul style="list-style-type: none"> - The vent covers in the hall by the laundry room 	V 736	<p>This will be reviewed during the Peer Reviews by GH Manager peers.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/14/2023
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V 736	<p>Continued From page 13</p> <p>had heavy dust.</p> <ul style="list-style-type: none"> - Client #5's 6 drawer dresser was missing 2 knobs on the 2nd drawer on the left side; nightstand drawer was missing one knob; trashcan was overflowing with trash, room smelled of urine. - Client #1's bottom drawer of his nightstand held by a plastic zip tie; there was black/brown tobacco debris on the floor in front of the tv, tv stand was missing right knob on the door, carpet was ripped at entry of room and stained throughout the room. - Bathroom by client #1 and client #2's bedrooms had water in the sink that was slow to drain and the toilet was wobbly and not secure to the floor. <p>During interview on 9/14/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She would ensure maintenance request were completed. - She understood the facility was required to maintain a safe, clean, attractive and orderly manner. 	V 736	<p>V736</p> <p>Program Manager will obtain new vent covers 8/16.</p> <p>Manager will replace all knobs on dresser.</p> <p>Obtain a new mattress with cover for individual to prevent the urine scent.</p> <p>SCS consultant review programs to assist staff in encouraging resident to do daily cleaning.</p> <p>Purchase a new night stand.</p> <p>The sink and Drain will be addressed by ESUCP Facilities Department</p>	11/9/23