

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-390	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/07/2024
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NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLIAMSBURG ROAD, APARTMENT F DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on February 7, 2024. The complaint was unsubstantiated (intake #NC00211721). Deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.</p> <p>The facility is licensed for 18 and currently has a census of 9. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<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;</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>(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>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure the MARs's were current for two of three audited clients (#1 and #2). The findings are:</p> <p>A. Review on 1/11/24 and 1/16/24 of Client #1's record revealed: -Admission date of 3/9/23. -Diagnoses of Cannabis Abuse, Uncomplicated, Alcohol Abuse, Uncomplicated, Cocaine Use Disorder, Severe.</p> <p>Review on 1/11/24 and 1/16/24 of Client #1's physicians order dated 5/4/23 revealed: -Amitriptyline HCL 10 milligrams (mg) - take one tablet by mouth at night (Depression). -Metformin 500 mg - take one tablet by mouth in the morning and evening (Diabetes).</p> <p>Observation on 1/11/24 at 9:30 a.m. and 1/16/24 at 10:00 a.m. of Client #1's medications revealed: -All medications mentioned were available.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 1/11/24 and 1/16/24 of Client #1's MAR for January 2024 revealed blanks on the following dates: -Amitriptyline HCL 10 mg - 1/6/24, 1/7/24 1/13/24, 1/14/24 at 6 p.m. -Metformin 500 mg - 1/6/24, 1/7/24, 1/13/24, 1/14/24 at 6 a.m. and 6 p.m.</p> <p>B. Review on 1/11/24 and 1/16/24 of Client #2's record revealed: -Admission date of 7/26/23. -Diagnoses of Opioid Dependence and Amphetamine-Type Substance Use Disorder, Severe.</p> <p>Review on 1/11/24 and 1/16/24 of Client #2's physicians order dated 9/21/23 revealed: -Gabapentin 100 mg - take one capsule by mouth three times a day (Nerve Pain). -Bupropion 8-2 mg - place one tablet (8 mg of buprenorphine total) under the tongue three times a day (Opioid Dependence).</p> <p>Review on 1/11/24 and 1/16/24 of Client #2's MAR for January 2024 revealed blanks on the following dates: -Gabapentin 100 mg - 1/7/24 at 8 a.m., 1 p.m., and 4 p.m. -Bupropion 8-2 mg - 1/7/24 at 8 a.m., 1 p.m., and 4 p.m.</p> <p>Observation on 1/11/24 at 10:00 a.m. and 1/16/24 at 10:30 a.m. of Client #2's medications revealed: -All medications mentioned were available.</p> <p>Interview on 2/7/24 with the Vice President of Quality & Service Integration revealed: -The Program Director was currently responsible for checking the MARs for compliance. -They had a nurse that would oversee medication</p>	V 118		

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V 118	Continued From page 3 compliance including the MARs. -The nurse would move over to the treatment program once they fill her current position. -The nurse started doing medication administration training for the agency.	V 118		
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	V 536		

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V 536	<p>Continued From page 4</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>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 interviews, the facility failed to ensure the Case Coordinator had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 1/17/24 of the Case Coordinator's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired date of 11/15/22. - Crisis Prevention Intervention (CPI) training expired 11/30/23. - There was no evidence of current CPI training. 	V 536		

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V 536	<p>Continued From page 7</p> <p>Interview on 2/7/24 with the Case Coordinator revealed: -She started the training on Relias but did not complete it.</p> <p>Interview on 2/7/24 with the Vice President of Quality & Service Integration revealed: -Staff CPI training was on the Relias website. -The case coordinator was supposed to complete the training by 1/31/24.</p>	V 536		