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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/24/2024
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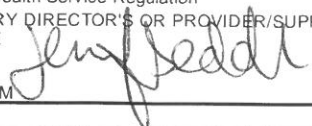
NAME OF PROVIDER OR SUPPLIER TAPESTRY EATING DISORDER PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 24, 2024. The complaint was unsubstantiated (Intake #NC00211891). A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are acutely Mentally Ill. 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 536	<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 based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based,</p>	V 536		

Jennifer Tedder, MSW, MS, LCSWA, CCASA Executive Director

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



TITLE

(X6) DATE

STATE FORM

6899

SRW511

If continuation sheet 1 of 5

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<p>V 536</p>	<p>Continued From page 1</p> <p>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 means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain</p>	<p>V 536</p>	
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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>TAPESTRY EATING DISORDER PROGRAM</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712</p>		
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V 536	<p>Continued From page 2</p> <p>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> <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</p>	V 536	
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<p>V 536</p>	<p>Continued From page 3</p> <p>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); (B) when and where attended; and (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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training in</p>	<p>V 536</p>	<p>All staff who are in need of Safety Care Crisis Management and De-Escalation Training are scheduled for February 2nd.</p> <p>Executive director and supervisors will monitor completion of trainings for all new staff as well as current staff via Relias reporting. Reports will be pulled monthly to ensure compliance.</p>	<p>February 2nd, 2024</p> <p>Ongoing</p>
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V 536	Continued From page 4 alternatives to restrictive interventions at least annually for 1 of 3 audited staff (Staff #1). The findings are: Review on 1-22-24 of Staff #1's record revealed: -Date of Hire: 5-2-22. -Job Title: Behavior Tech Supervisor -Training dated 5-25-22: North Carolina Rules for Prevention of Seclusion and Restraint, and Use of Safety Interventions. Interview on 1-22-24 with Staff #1 revealed: - Had not been trained in alternatives to restrictive interventions since May 2022. -Thought training for alternatives to restrictive interventions was done every 2 years. Interview on 1-23-24 and 1-24-24 with the Executive Director revealed: -The Licensee contracted with a company for them to come in and train. Now the facility has its own trainers. -Recertification was done annually. -Staff #1 was not at the training for alternatives to restrictive interventions in October 2023. - Staff #1 was attending a on 1-24-24 for recertification. -The training department was responsible for tracking training and recertifications. -Part of her responsibility was to track employee trainings as well as the training department.	V 536		
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