

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/30/2023
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NAME OF PROVIDER OR SUPPLIER LAKE JAMES ALTERNATIVE FAMILY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5741 FISH HATCHERY ROAD MORGANTON, NC 28655
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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	INITIAL COMMENTS An annual and follow up survey was completed on 11/30/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of an audit of 3 current clients.	V 000	V108 The natural supports for these members will receive training in CPR, First Aid, client rights, confidentiality, and MH/DD needs of clients. Policies will be updated to ensure that any natural supports that provides these supports inside the facility, must receive training to ensure member safety.	12/30/2023
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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, the American Heart Association or their	V 108	V536 The natural supports for these members will receive training in alternatives to restrictive intervention. Policies will be updated to ensure that any natural supports that provides these supports inside the facility, must receive training to ensure member safety. V736 Rabies documentation will be required for all dogs on the premises and updated as required. Policies will be updated to reflect that all dogs, cats, and/or ferrets on the premises of a licensed facility shall have rabies vaccination. This is to ensure member safety.	12/30/2023 12/30/2023

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DEC 29 2023

DHSR-MH Licensure Sect

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

TITLE
Aimee Smith, CEO

(X6) DATE
12/15/2023

Division of Health Service Regulation

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V 108

Continued From page 1

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.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure one of three audited staff (Staff #2) had training in Cardiopulmonary Resuscitation (CPR) and First Aid, MH/DD/SAS needs of clients, client rights and confidentiality and training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:

Record review on for Staff #2 revealed:
-Date of hire-no date of hire as considered natural support.
-Criminal Background was conducted on 9/18/17.
-HCPR (health care personnel registry) was conducted on 7/17/17.
-There was no training in first aid, CPR, medication administration, client rights, confidentiality, client specific training.

Interview on 11/28/23 with Staff #2 revealed:
-He lived on site and was there if the clients needed him.
-He did not pass medications.

Interview on 11/29/23 with Staff #1 revealed:
-She worked a full time job during the week away from the facility.

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Staff #2 was her son and had always been considered a natural support for the clients. -Staff #2 lived on the property and provided supervision and/or assistance for the clients as needed when she was not there. -He prepared lunch during the week for the clients when they did not attend their day program. <p>Interview on with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -All 3 clients in the facility were fairly independent and didn't require eyes on supervision. -Client #1 and Client #2 chose not to attend their PSR (psychosocial rehabilitation) program on Tuesdays and Thursdays. Staff #1's son and daughter were always on the property if the clients needed assistance. -Had considered Staff #2 a natural support and did not provide supervision or training for Staff #2. 	V 108		
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>	V 536		

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V 536	<p>Continued From page 3</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, 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> <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 	V 536		

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V 536	<p>Continued From page 4</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 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</p>	V 536		
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V 536	<p>Continued From page 5</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on personnel record review and staff interviews, the facility failed to ensure that all staff completed training in alternatives to restrictive intervention annually for 1 of 3 audited staff (Staff #2). The findings are:</p> <p>Record review on for Staff #2 revealed: -Date of hire-no date of hire as considered natural support. -There was no documentation of de-escalation training.</p> <p>Interview on with the Qualified Professional revealed: -Had considered Staff #2 a natural support and did not provide supervision or training for Staff #2.</p>	V 536		
V 736	<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 record review and interviews, the facility was not maintained in a safe manner. The findings are:</p> <p>Attempted review on 11/28/23 of vaccination papers for the facility dogs (both indoor and outdoor) were unsuccessful. Copies of the documents were requested from the Human</p>	V 736		

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V 736

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Resources Assistant (HRA), but no documents were provided prior to exit.

Observation on 11/28/23 of facility at approximately 10am revealed a large white Great Pyrenees dog and a small long haired black and gray dog outside the facility. Upon entering the facility was another small black and gray dog along with a blue gray bulldog. Staff #2 entered the facility approximately 10:45am with his 2 large Berna-doodles. All animals had a pleasant demeanor and got along well with each other and both clients.

Interview on 11/28/23 with Client #1 revealed:
-Minnie was his dog. She slept in a kennel in his room and he took care of her.
-He was not aware of her vaccination status.

Interview on 11/28/23 with the HRA revealed:
-She would contact Staff #1 but did not have any rabies certificates in her file.
-Was not aware all indoor and outdoor dogs were required to be vaccinated.

V 736