| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| V 000 | INITIAL COMMENTS<br><br>An Annual and complaint survey was completed on 2-29-24. The complaint was unsubstantiated (intake #NC00212067). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children Or Adolescents.<br><br>This facility is licensed for 3 and currently has a census of 1. The survey sample consisted of audits of 1 current client. | V 000 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and | V 118 | | |

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| V 118 | Continued From page 1<br>(E) name or initials of person administering the drug.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interview, the facility failed to ensure medications were administered on the written order of a physician and failed to ensure that the MARs were kept current affecting 1 of 1 client. The findings are:<br><br>Review on 2-23-24 of client #1's record revealed:<br>-Date of admission: 7-7-23.<br>-Age: 10.<br>-Diagnoses: Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder.<br>-No physicians order for fluticasone propionate (allergies) 50 mcg (microgram).<br><br>Review on 2-23-24 of client #1's MARs for December 1, 2023 to February 24, 2024 revealed no documentation for the administration of fluticasone propionate 50 mcg.<br><br>Observation on 2-23-24 at of client #1's medication bin revealed:<br>-A bottle of fluticasone propionate 50 mcg.<br>-Label attached to the bottle with the following instructions: "Shake liquid and spray one spray in each nostril everyday." | V 118 | | |

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| V 118 | Continued From page 2<br><br>Interview on 2-23-24 with the Executive Director/Qualified Professional (ED/QP) revealed:<br>-Client #1 went to the doctor on 1-15-24 and was prescribed the fluticasone propionate 50 mcg for allergies.<br>-She is responsible for updating the MARs when there is a change or when a new physicians order is received.<br>-"I thought only the med (medication) management meds (medications administered through her counselor) went on the MAR. I wasn't aware that medications that came from other doctors were to be put on the MAR."<br>-"She (client #1) has been receiving the medications (fluticasone propionate) since 1-15-24, me (ED/QP) or [owner] gives her (client #1) meds every day.<br>-"He (the doctor) did not give me an order for the medication (fluticasone propionate).<br>-"I will call the pharmacy and get the order." | V 118 | | |
| V 295 | 27G .1703 Residential Tx. Child/Adol - Req. for A P<br><br>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS<br>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).<br>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:<br>(1) management of the day to day | V 295 | | |

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| V 295 | Continued From page 3<br>day-to-day operations of the facility;<br>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and<br>(3) participation in service planning meetings.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure at least one full time direct care staff met or exceeded the requirements of an Associate Professional (AP). The findings are:<br><br>Review on 2-27-24 of the AP's record revealed:<br>-Date of hire: 1-28-24.<br>-Job description dated 1-28-24: Paraprofessional.<br>-Medical Assistant diploma.<br>-No documentation of AP qualifications.<br><br>Interview on 2-26-24 with the AP revealed:<br>-"My job title is AP (associate professional)."<br>-"My duties are making sure the children don't commit self-harm, going over notes. I work 3rd shift, 3rd shift is my main shift so the kids are asleep during my shift."<br>-"No, I don't directly supervise anyone."<br>-"I only work PRN (as needed). I went down to PRN, I don't remember when I went to PRN."<br>-"I work on the weekends, about 12 hours a week."<br><br>Interview on 2-23-24 with the Owner revealed:<br>-"[AP] is the AP."<br>-"Yes, she's full time. She works 2nd and 3rd shifts." | V 295 | | |

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| V 295 | Continued From page 4<br><br>Interview on 2-27-24 with the Executive Director/Qualified Professional revealed:<br>-She listed the AP as a paraprofessional because "I didn't think she meet the qualifications for the position of AP. I discussed it with the owner and he said 'she (AP) has a degree, she's the AP.' I showed him the rules but he still said she could be the AP." | V 295 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(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.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(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.<br>(e) Formal refresher training must be completed | V 536 | | |

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| V 536 | Continued From page 5<br>by each service provider periodically (minimum annually).<br>(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.<br>(g) Staff shall demonstrate competence in the following core areas:<br>(1) knowledge and understanding of the people being served;<br>(2) recognizing and interpreting human behavior;<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and | V 536 | | |

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| V 536 | Continued From page 6<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(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.<br>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(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.<br>(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.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(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.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. | V 536 | | |

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| V 536 | Continued From page 7<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure staff had current and refresher training in the use of Alternative to Restrictive Interventions affecting 3 of 4 staff (staff #1, Associated Professional (AP) and the Executive Director/Qualified Professional (ED/QP) The findings are: | V 536 | | |

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| V 536 | Continued From page 8<br><br>Review on 2-27-24 of staff #'1's record revealed:<br>-Date of hire: 1-28-24.<br>-Job title: Paraprofessional.<br>-No documentation of training on Alternatives to Restrictive Interventions.<br><br>Review on 2-27-24 of the AP's record revealed:<br>-Date of hire: 1-28-24.<br>-Job title: AP<br>-No documentation of training on Alternatives to Restrictive Interventions.<br><br>Review on 2-27-24 of the ED/QP's record revealed:<br>-Date of hire: 7-8-22.<br>-Job title: ED/QP.<br>-Training certificate dated 9-10-22 for Alternatives to Restrictive Interventions.<br>-No documentation of updated training on Alternatives to Restrictive Interventions.<br><br>Attempted Interview on 2-23-24 and 2-26-24 with staff #1 was unsuccessful. Staff #1 did not respond to phone calls.<br><br>Interview on 2-26-24 with the AP revealed:<br>-"All my trainings are up to date."<br>-Thought she had completed Alternatives to Restrictive Interventions Training.<br><br>Interview on 2-23-24 with the ED/QP revealed:<br>-She is responsible for making sure staff trainings are completed.<br>-"We like for them to complete all their trainings within the first 30 days of hire."<br>-She was aware that her training had expired. "I haven't been able to schedule it because it's been so much going on. I will make it a priority to get it scheduled and completed. " | V 536 | | |

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| V 537 | Continued From page 9 | V 537 | | |
| V 537 | 27E .0108 Client Rights - Training in Sec Rest & ITO<br><br>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT<br>(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.<br>(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.<br>(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.<br>(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.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to | V 537 | | |

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| V 537 | Continued From page 10<br>Paragraph (g) of this Rule.<br>(g) Acceptable training programs shall include, but are not limited to, presentation of:<br>(1) refresher information on alternatives to the use of restrictive interventions;<br>(2) guidelines on when to intervene (understanding imminent danger to self and others);<br>(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);<br>(4) strategies for the safe implementation of restrictive interventions;<br>(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;<br>(6) prohibited procedures;<br>(7) debriefing strategies, including their importance and purpose; and<br>(8) documentation methods/procedures.<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualification and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the | V 537 | | |

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| V 537 | Continued From page 11<br>need for restrictive interventions.<br>(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.<br>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(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.<br>(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.<br>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) evaluation of trainee performance; and<br>(D) documentation procedures.<br>(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.<br>(8) Trainers shall be currently trained in CPR.<br>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.<br>(10) Trainers shall teach a program on the use of restrictive interventions at least once | V 537 | | |

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| V 537 | Continued From page 12<br>annually.<br>(11) Trainers shall complete a refresher instructor training at least every two years.<br>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcome (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(l) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times, the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(m) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure staff had completed current and refresher training in seclusion, physical restraint, and isolation/time out affecting 3 of 4 staff (staff #1, Associated Professional (AP) and the Executive Director/Qualified Professional/ED/QP). The findings are.<br><br>Review on 2-27-24 of -staff #'1's record revealed:<br>-Date of hire: 1-28-24. | V 537 | | |

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| | MHL036-382 | A. BUILDING: _____ B. WING _____ | C 02/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JAY'S HOUSE | 214 AUTEN CIRCLE MOUNT HOLLY, NC 28120 |

| (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 | Continued From page 13<br>-Job title: Paraprofessional.<br>-No documentation of training on Seclusion, Physical Restraint, and Isolation/Time-Out.<br><br>Review on 2-27-24 of the AP's record revealed:<br>-Date of hire: 1-28-24.<br>-Job title: AP<br>-No documentation of training on Seclusion, Physical Restraint, and Isolation/Time-Out.<br><br>Review on 2-27-24 of the ED/QP's record revealed:<br>-Date of hire: 7-8-22.<br>-Job title: ED/QP.<br>-Training certificate dated 9-10-22 for Seclusion, Physical Restraint, and Isolation/Time-Out.<br>-No documentation of updated training on Seclusion, Physical Restraint, and Isolation/Time-Out.<br><br>Attempted Interview on 2-23-24 and 2-26-24 with staff #1 was unsuccessful. Staff #1 did not respond to phone calls.<br><br>Interview on 2-26-24 with the AP revealed:<br>-"All my trainings are up to date."<br>-Thought she had completed Alternatives to Restrictive Interventions Training.<br><br>Interview on 2-23-24 with the ED/QP revealed:<br>-She is responsible for making sure staff trainings are completed.<br>-"We like for them to complete all their trainings within the first 30 days of hire."<br>-She was aware that her training had expired. "I haven't been able to schedule it because it's been so much going on. I will make it a priority to get it scheduled and completed. " | V 537 | | |