

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on May 22, 2024. The complaints were unsubstantiated (intake #NC00216822, #NC00217083). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>The facility is licensed for 12 and currently has a census of 10. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p>	V 367		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 367	<p>Continued From page 1</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p> <p>Review on 5/13/24 of Client #1's record revealed: -Admision date of 11/7/23. -Diagnoses of Post Traumatic Stress Disorder, Chronic; Oppositional Defiant Disorder; ADHD, unspecified; Child Neglect or Abandonment, Confirmed, Initial Encounter.</p> <p>Record review on 5/13/24 of internal incident</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>reports revealed: -On 1/15/24, [Client #1] refused to go to sleep and began running in and out of his room. [Client #1] refused to follow the staff ' s instructions and told the staff he was about to act out. The staff continued to verbally de-escalate the consumer however [Client #1] continued to yell profanity to disturb the other consumers. The staff guided the consumer back to his room and instructed [Client #1] to calm down. [Client #1] began jumping from bed to bed. The staff instructed the consumer to stop jumping. [Client #1] continued to jump from bed to bed and fell. The staff went over to assist [Client #1] and called the nurse for assistance. [Client #1] was taken to the ER."</p> <p>Review on 5/13/24 of IRIS (incident response improvement system) reports for Client #1 revealed: -There was no report for the facility or Licensee on or about 1/15/24.</p> <p>Interview on 5/13/24 with Client #1 revealed: -In January, Client #1 had been jumping on his bed. -Client #1 landed with his elbows on top of the bed which made his collar bone "pop out." -Client #1 was then helped by facility staff and nurse. -Client #1 was transported to the emergency room to have his collar bone checked. -Hospital informed him that he had broken his collar bone.</p> <p>Interview on 5/13/24 with the Staff Supervisor revealed: -Client #1 was having a behavior the night that he got hurt. Staff were able to calm him down. -Client #1 then went to his bedroom and started jumping on his bed.</p>	V 367		

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V 367	Continued From page 4  -Client # 1 then fell on his bed and his collar bone was hurt. -Client #1's collar bone was broken. -Client #1 was seen by the nurse and was later taken to the hospital to have him checked. -"When Client #1 got hurt, an incident report was made and labeled as a type 1 incident. Perhaps it should have been a 2 since the kid was hurt." -She did not do an IRIS report. She took full responsibility for not completing the IRIS report.	V 367		
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.	V 536		

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V 536	<p>Continued From page 5</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"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <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>	V 536		

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

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V 536	<p>Continued From page 7</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of five audited staff (#7) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 5/13/24 of staff #7's record revealed: -He was hired on 12/6/22.</p>	V 536		



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V 536	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-He was hired as a Residential Counselor.</li> <li>-Evidence Based Protective Interventions (EBPI) Base Plus training in alternatives to restrictive interventions expired 4/8/24.</li> <li>-No current training updates in alternatives to restrictive interventions.</li> </ul> <p>Interview on 5/22/24 the Staff Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Human Resources were in charge of maintaining staff trainings updated.</li> <li>-Staff #7 was scheduled to go to EBPI training when the Department of Social Services showed up with the allegation.</li> <li>-Staff #7 was suspended.</li> <li>-Staff #7 was unable to come into the premises and the training was conducted at the facility.</li> <li>-She acknowledged Staff #7's certificate should had been updated prior to him being suspended because it expired before the events occurred.</li> </ul>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; 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</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>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 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> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(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);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(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</li> </ol>	V 537		

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

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V 537	<p>Continued From page 11</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> <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>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LORETTA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 PENNY STREET</b> <b>ALBEMARLE, NC 28001</b>
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V 537	<p>Continued From page 12</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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of five audited staff (#7) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 5/13/24 of staff #7's record revealed: -He was hired on 12/6/22. -He was hired as a Residential Counselor. -Evidence Based Protective Interventions (EBPI) Base Plus training in seclusion, physical restraint and isolation time-out expired 4/8/24. -No current training updates in seclusion, physical restraint and isolation time-out.</p> <p>Interview on 5/22/24 the Staff Supervisor revealed: -Human Resources were in charge of maintaining staff trainings updated. -Facility restrained clients when needed. They restrained the clients when they were suicidal, homicidal or for property destruction. -Staff #7 was scheduled to go to EBPI training when the Department of Social Services showed up with the allegation. -Staff #7 was suspended. -Staff #7 was unable to come into the premises and the training was conducted at the facility.</p>	V 537		

Division of Health Service Regulation

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V 537	Continued From page 13  -She acknowledged Staff #7's certificate should have been updated prior to him being suspended because it expired before the events occurred.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:  Observation on 5/22/24 at approximately 2:00 pm of the facility revealed: -Room #4- Two sections of wooden panels had been ripped of from the wall. -Room did not have a door. The door to the room was propped up against the wall. -One of the ceiling lights was broken.  -Room #3- There were unfinished patch-up repairs on the wall. Needed to be painted.  -Room #5- A section of wooden panel missing on the corner. -Door had several pencil/crayon scratches.  -Room #6- Door to bathroom had scratches and pencil markings. -Seat inside the shower was ripped and had three holes ranging from about 2 inches to 4 inches. -One of the ceiling lights was missing.	V 736		

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V 736	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-Room #1- The walls were dirty.               <ul style="list-style-type: none"> <li>-There were scratches on the walls</li> <li>-The bathroom's ceiling was unfinished.</li> </ul> </li> <li>-Unit/Common Area - Ceiling had five panels with water stains.               <ul style="list-style-type: none"> <li>-There were scratches on the walls.</li> </ul> </li> </ul> <p>Interview on 5/22/24 with the Staff Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Client #4 destroyed property. The door was taken off because he had tied the bathroom door with the front door by using his clothes and he then tried to hang self. Door was taken off as a precautionary measure.</li> <li>-Facility was constantly in process of being fixed.</li> <li>-Owner was also trying out some new things to see how they worked like new colors and panels on the walls.</li> <li>-Clients constantly found a way to destroy things.</li> <li>-She acknowledged the facility needed to maintain things in a attractable way.</li> </ul>	V 736		