

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CANYON HILLS TREATMENT FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>769 ABERDEEN ROAD RAEFORD, NC 28376</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on May 22, 2024. The complaint was unsubstantiated (intake #NC00216970). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 24 and has a current census of 19. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 537	<p><b>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</b></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 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</p>	V 537		

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

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V 537	<p>Continued From page 1</p> <p>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 use of restraint throughout the duration of the restrictive intervention;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> <li>(8) documentation methods/procedures.</li> </ol> <p>(h) Service providers shall maintain</p>	V 537		

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V 537	<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 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> <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>	V 537		

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V 537	<p>Continued From page 3</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> <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>	V 537		

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V 537	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, one of four audited staff (#1) failed to demonstrate competence in the proper use of physical restraint affecting one of three audited clients (#1). The findings are:</p> <p>Review on 5/16/24 of the personnel record for staff #1 revealed: -Hire date was 4/20/23. -Nonviolent Crisis Intervention was completed on 5/3/23. -Staff #1 was suspended on 5/3/24 and would be scheduled for Nonviolent Crisis Intervention training before returning to work.</p> <p>Review on 5/16/24 of client #1's record revealed: -Admission date of 1/22/24. -Diagnoses of Attention Deficit Hyperactivity Disorder, (ADHD), Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Adjustment/Mixed Disturbance of Emotions/Conduct. -He was 11 years old. -Mental Health Assessment dated 12/15/23 - He had a history of verbal and physical aggression towards staff and peers when he was upset. He would say racial slurs, throw things, yell, scream, punch walls, hit and kick staff and peers when he was angry.</p> <p>Review on 5/16/24 of an incident report dated 5/3/24 revealed: -"At approximately 2130 [client #1] ran out of the back door, which he was redirected back into unit</p>	V 537		

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V 537	<p>Continued From page 5</p> <p>by staff, [client #1] dumped the garbage can out, and repeatedly refused to be compliant with instructions. [Client #1] would not process with multiple staff. At about 2245, [staff #1] did pick [client #1] up under his arm and was carrying down hallway, which he was not instructed to do. [Staff #1] was instructed by team lead staff [staff #2] to put [client #1] back feet back on the ground. [Client #1] then became angry and was hitting [staff #1]. [Client #1] was checked and had no obvious, visible injuries, [client #1] also denied any pain other than his right side."</p> <p>Interview on 5/16/24 with client #1 revealed: -Staff asked him to go to his room on 5/3/24 during bedtime and he refused. -Staff #1 picked him up around his waist and began to carry him to his room. -Staff #2 directed staff #1 to put him down. -He was not sure if staff #1 scratched him on his right side. -He would get scratches from anywhere at any time. -The Registered Nurse (RN) assessed his right side.</p> <p>-Staff #1 was suspended and not interviewed due to unavailability.</p> <p>Interview on 5/21/24 with staff #2 revealed: -The Facility Manager was not present during the incident on 5/3/24. -She, as well as the RN and staff #1 were present during the incident. -Client #1 displayed destructive behavior and staff attempted to verbally redirect him. -Client #1 could not be redirected and continued to display destructive behavior. -Client #1 walked towards staff #1 and he lifted client #1 up and around his waist.</p>	V 537		

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V 537	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Staff #1 began to carry client #1 to his room.</li> <li>-She directed staff #1 to put client #1 down.</li> <li>-She informed staff #1 that he could not conduct that type of therapeutic hold.</li> <li>-Staff #1 lowered client #1 to the floor and client #1 attempted to fight staff #1.</li> <li>-She calmed client #1 down and he said that his right side hurt.</li> <li>-The RN medically assessed client #1.</li> <li>-The RN did not observe any scratches, marks, or bruises on client #1's right side.</li> <li>-She did not witness staff #2 hurt or injure client #1.</li> <li>-The RN did not authorize the therapeutic hold conducted by staff #1.</li> <li>-Staff had a refresher training regarding proper therapeutic holds after the incident.</li> </ul> <p>Interview on 5/17/24 with the RN revealed:</p> <ul style="list-style-type: none"> <li>-The Facility Manager was not at the facility or involved during the incident on 5/3/24.</li> <li>-The incident occurred on 5/3/24 at approximately 8:30pm.</li> <li>-Client #1 did not want to settle; he destroyed property, lifted the bed, and attempted to try and tear the frame from it, and flipped over the trashcans.</li> <li>-Client #1 ran down the hallway and was "about to do something."</li> <li>-Staff #1 "scooped up" client #1 and staff #2 told him to put him back on the ground.</li> <li>-Client #1 was "scooped" under staff #1's arm.</li> <li>-Staff #1 put client #1 back on the ground.</li> <li>-Staff #2 came over and processed with client #1.</li> <li>-Client #1 calmed and settled down after staff #2 processed with him.</li> <li>-Client #1 said that his right side was hurt.</li> <li>-She assessed client #1 and did not observe marks or bruising.</li> <li>-Client #1 did not require medical attention.</li> </ul>	V 537		

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V 537	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-The therapeutic hold conducted by staff #1 was not therapeutic.</li> <li>-She did not authorize the therapeutic hold conducted by staff #1.</li> <li>-She confirmed that staff #1 failed to demonstrate competence in physical restraint.</li> </ul> <p>Interview on 5/20/24 with the Quality Assurance Director revealed:</p> <ul style="list-style-type: none"> <li>-She was aware of the incident that occurred on 5/3/24.</li> <li>-An internal investigation was conducted on 5/3/24 and concluded on 5/15/24.</li> <li>-She confirmed that staff failed to demonstrate competence in physical restraint.</li> <li>-Staff #1 was suspended on 5/3/24 for failure to follow Nonviolent Crisis Intervention techniques.</li> <li>-Staff #1 would be scheduled for Nonviolent Crisis Intervention training before he returned to work.</li> </ul>	V 537		