

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2024
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NAME OF PROVIDER OR SUPPLIER CAROLINA CENTER FOR RECOVERY	STREET ADDRESS, CITY, STATE, ZIP CODE 7349 STATESVILLE ROAD STE A CHARLOTTE, NC 28269
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6-24-24. The complaint was unsubstantiated (#NC00217319). Deficiencies were cited.</p> <p>This facility has a current census of 97. The .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 36. The .4400 Substance Abuse Intensive Outpatient Program has a current census of 47. The survey sample consisted of audits of 2 current Day Treatment Facility for Individuals with Substance Abuse and 1 Substance Abuse Intensive Outpatient Program.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for three of three audited staff. The findings are:</p> <p>Review on 6-24-24 of Staff #1's personnel record revealed:</p>	V 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 131	<p>Continued From page 1</p> <p>-Hire date of 7-10-23. -HCPR was accessed 6-21-24.</p> <p>Review on 6-24-24 of Staff #2's personnel record revealed: -Hire date of 5-6-24. -HCPR was accessed 6-21-24.</p> <p>Review on 6-24-24 of Staff #3's personnel record revealed: -Hire date of 4-6-24. -HCPR was accessed 6-21-24.</p> <p>Interview on 6-24-24 with the Executive Director revealed: -He knew that HCPR should have been accessed before hire, but it had slipped through somehow. -Going forward they ensure to have a system in place so it was not overlooked.</p>	V 131		
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 2</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 3</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 4</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 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that two of three audited staff had been trained in Alternatives to Restrictive Interventions. The findings are:</p> <p>Review on 6-24-24 of Staff #2's personnel record revealed: -Hire date of 5-8-24. -No training in Alternatives to Restrictive Interventions documented.</p> <p>Review on 6-24-24 of Staff #3's personnel record revealed: -Hire date of 4-6-24. -No training in Alternatives to Restrictive Interventions documented.</p> <p>Interview on 6-24-24 with Staff #2 revealed: -He has had North Carolina Interventions Training (NCI) for training for Alternative to Restrictive Interventions but didn't say when.</p> <p>Interview on 6-24-24 with Staff #3 revealed: -He had Alternatives to Restrictive Interventions at another facility. -He had NCI and showed them the proof when he was hired.</p> <p>Interview on 6-24-24 with the Executive Director revealed: -They would have NCI training every couple few months and train new staff. -He would make sure everyone was trained before they started working.</p>	V 536		

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V 752 V 752	<p>Continued From page 6</p> <p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain hot water temperature between 100 degrees and 116 degrees. The findings are:</p> <p>Observation on 6-24-24 at approximately 10:00am revealed: -Water temperature in the group room sink was 79 degrees.</p> <p>Interview on 6-24-24 with Client #1 revealed: -She had never noticed any water being too cold.</p> <p>Interview on 6-24-24 with Client #2 revealed: -He had no problems with the temperature of the water.</p> <p>Interview on 6-24-24 with the Director revealed: -He knew the water temperature was supposed to be between 100 degrees and 116 degrees. -They would get the water adjusted immediately.</p>	V 752 V 752		