

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2024
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NAME OF PROVIDER OR SUPPLIER ADOLESCENT ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP CODE 2207 LONG BROOK DRIVE GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 8/2/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10ANCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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> <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</p>	V 536		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Health Service Regulation

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V 536	Continued From page 1 course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Staff shall demonstrate competence in the following core areas: (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 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 2</p> <p>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 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</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 3</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of three audited staff (the Qualified Professional (QP) and Associate Professional (AP)) had current training in the use of alternatives to restrictive interventions. The findings are:</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 4</p> <p>Review on 7/16/24 of the facility's AP file revealed: -Hire date of 11/15/2021. -Had a North Carolina Interventions plus Restrictive certificate that expired on 7/8/24. -There was no documentation of current training on alternatives to restrictive intervention.</p> <p>Review on 7/16/24 of the QP files revealed: - Hire date of 7/1/2004. -Had a North Carolina Interventions plus Restrictive certificate that expired on 7/8/24. - There was no documentation of current training on alternatives to restrictive intervention.</p> <p>Interview with the AP on 7/16/24 revealed: -His agency had trained in North Carolina Interventions Plus Restrictive in the use of alternatives to restrictive interventions. -"I thought I did, I would not have been notified, if it just past that is probably why."</p> <p>Interview with the QP on 7/16/24 revealed: -"The human resources is on vacation." -He was aware staff should have current training in the use of alternatives to restrictive.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (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</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 5</p> <p>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 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"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and 	V 537		

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V 537	<p>Continued From page 6</p> <p>incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</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</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>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> <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>	V 537		

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V 537	<p>Continued From page 8</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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of three audited staff (The Qualified Professional (QP) and Associate Professional (AP)) had current training in the use of seclusion, physical restraints and isolation time-out. The findings are:</p> <p>Review on 7/16/24 of the facility's AP file revealed: -Hire date of 11/15/2021. -Had a North Carolina Interventions plus Restrictive certificate that expired on 7/8/24. -There was no documentation of current training in the use of seclusion, physical restraints and isolation time-out.</p> <p>Review on 7/16/24 of the facility's QP files revealed: - Hire date of 7/1/2004. -Had a North Carolina Interventions plus Restrictive certificate that expired on 7/8/24.</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>-There was no documentation of current training in the use of seclusion, physical restraints and isolation time-out.</p> <p>Review on 8/2/24 of the facility policy on Seclusion Restraint Isolation Time Out revealed: -"Physical restraint may be utilized when a consumer is hurting him/herself, is hurting others or is causing significant property damage or as a planned measure of therapeutic treatment as specified below."</p> <p>Interview with the AP on 7/16/24 revealed: -His agency had trained in North Carolina Interventions Plus Restrictive in the use of seclusion, physical restraints and isolation time-out. -"I thought I did, I would not have been notified, if it just past that is probably why."</p> <p>Interview with the QP on 7/16/24 revealed: -"The human resources (staff) is on vacation." -"I think all of my trainings are current." He was not aware that his training was not current. -He was aware staff should have current training in seclusion, physical restraint and isolation time-out.</p>	V 537		
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 observation and interviews, the facility</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 7/15/24 at approximately 12:30pm revealed:</p> <ul style="list-style-type: none"> -Client #1's bedroom window screen had approximately 4 inch round hole. -Client #1's bedroom window had 4 broken slats on the blinds. -Bathroom #1's bathtub and shower had several 12 inch in length brown stains along the inside of the tub. -Bathroom #1's had 4 missing light bulbs out of 6 on the vanity above the sink. -Bathroom #1's toilet roll holder had a missing toilet roll spindle. -Bathroom #1's shower rod had approximately 8 inch in length size brown rust spots. -Bathroom #1's large mirror had silvering chipped off the entire length of the mirror. -Bathroom #2's sink was slow to drain the water. -Dust covered exhaust fan in the ceiling in bathroom #1. -Bathroom #2's had paint worn away where the toilet paper holder was mounted. -Client #3's bedroom window had a 6 inch birds nest inside the screen of the window. <p>Interview on 7/15/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> - "I don't open the window," when asked about the holes in the window screens. <p>Interviews on 7/16/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Maintenance worker cleaned all the windows at the facility once per year. "He does it in October each year." -"We can repair it today and two weeks later it will need repaired again." -When asked about the toilet paper holder " 	V 736		

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V 736	Continued From page 11 sometimes the guys (clients) do things that are hard to connect the dots." -They replaced the blinds "frequently," but the clients broke them "often." -He confirmed the facility was not maintained in a clean and attractive manner.	V 736		