

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/26/2024
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NAME OF PROVIDER OR SUPPLIER LINDLEY COLLEGE XI	STREET ADDRESS, CITY, STATE, ZIP CODE 4214 BEECHWOOD DRIVE, SUITE 101 GREENSBORO, NC 27410
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 6/26/24. The complaint was substantiated (intake #NC00216069). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10ANCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility has a current census of 63. The survey sample consisted of audits of 1 current client.</p>	V 000	<p style="text-align: center;">RECEIVED AUG 01 2024 DHSR-MH Licensure Sect</p>	
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</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 training in preventing, reducing and eliminating the need for restrictive interventions.</p>	V 537	<p>CBC-Quality Management (QM) will review CBC-Lindley policy regarding training of staff for preventative, defensive, and restrictive techniques. Changes to the policy will be made if warranted. CBC-QM will ensure updates to the policy are cascaded to staff if needed.</p> <p>The Training Department will ensure all staff complete annual preventative, defensive, and restrictive training according to CBC-Lindley policy upon hire and annually thereafter. In addition, the Day Program Coordinator/QP will ensure staff only apply restrictive techniques based on their training.</p> <p>The QM Department will review all restrictive techniques within 5 business days of the applied restraint to ensure the restraint was applied appropriately and according to CBC-Lindley policy.</p> <p>The QP will ensure staff trained who do not apply restrictive techniques appropriately and not according to policy are re-trained within 60 days of applying a restraint inappropriately.</p>	8/23/2024

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Wyle Hoj MAOP

TITLE

Quality Management Director

(X6) DATE

7/19/2024

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V 537	Continued From page 1 (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Acceptable training programs shall include, but are not limited to, presentation of: (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 incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 537		
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V 537	Continued From page 2 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least	V 537		
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V 537	<p>Continued From page 3</p> <p>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	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure staff was trained in restrictive interventions before engaging in a physical restraint for 1 of 4 staff (#2). The findings are: Review on 6/25/24 pf client #1's record revealed: -An admission date of 8/4/2009. -An age of 29 years old. -Diagnoses of Autism, Disruptive Disorder, Sever Intellectual Development Disabilities, Seizure Disorder. -Treatment Plan date of 10/1/23, no history of receiving restraint due to behaviors. Review on 6/25/24 of Staff #3's record revealed: -Hire date of 11/28/22. -Staff #3 completed prevention intervention training on 10/24/23. -The curriculum she was trained in was "NCI + (National Crisis Intervention Plus)". Review on 6/25/24 of Internal "General Event Reports (GER)" report date of 4/12/24 revealed: -"Entered by" : [Staff #2]. -Individual: [Client #1]. -Site: [local city]. -Event Date: 4/5/24. -Report Date: 4/12/24. -Notification Level: Medium. -Injury caused by Restraints?; No -Restraint Types: 2 Arm Support -" ... when that happened client #1 got very upset and charged towards Former Staff (FS) #1 to punch her wow cursing. Being that he was off balance he was going too far. Ivan for safety put myself behind him to brace his fall wow he was swinging at FS #1 I was then able to get him onto	V 537		
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V 537	<p>Continued From page 5</p> <p>the ground holding him because he was still irate at FS #1. I then held him till he was on his side on the ground. I held him therefore about 10 minutes until the situation deescalated while calmly talking to him. Even though he was calm while he was down he saw staff number one and wanted to still get to her. During this time I told FS #1 to leave because she was the target and instigator of the whole incident and FS #1 walked to the other side of the van to be out of client number one sight. After FS #1 left his side ask spoke with client #1 along with (Staff#3) and he calmly agreed to get up and sit in a chair that (Staff#3) brought to van".</p> <p>-Plan of Future Corrective Actions: "I plan to ask for help from clinical supervisor if possible and not to restrain a client on the floor. I did this for safety of clients and staff at the day program".</p> <p>-Review/Followup Comments: [I (Qualified Professional) have reviewed this report] I reviewed the incident report of restraint from 4/5 and let Quality Management know it was completed. This was not an approved hold.</p> <p>Interview on 6/25/24 with the Quality Management revealed: -Not all staff have had NCI +Restrictive. -"Only if the person they (staff) are working with has a behavior plan they (staff) will have restrictive part (NCI +Restrictive)." -He (Client #1) does not have a Behavioral Plan.</p> <p>Interview on 6/25/24 with Staff #2 revealed: -NCI training, ..."I've had it and the safety was first priority for the client." -"I did not restrict him getting up."</p> <p>Interview on 6/25/24 with Staff #3 revealed: -"She (Staff #2) when they fell, she fell on top of him and then move to the side, holding him saying [client #1] calm down and rubbing his</p>	V 537		
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V 537	Continued From page 6 arms." -Client #1 has not been restrain in the past year, since she has been working with him one on one. Interview on 6/26/24 with the Qualified Professional revealed: -"Within the year all Direct Support Staff not having restrictive NCI," the policy changed.	V 537		
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