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	MHL049-059	A. BUILDING: _____ B. WING _____	07/22/2024

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JAMES FARM HOME	148 JAMES FARM ROAD STATESVILLE, NC 28625

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on July 22, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
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	V 536 Staff #2 and Staff #4 will have completed the required Pro Act Training on 8/2/24. The Administrator will in-service the Training Coordinator on monitoring requirements for training. The Training Coordinator will run a weekly Training Report and provide it to Administrator and management staff to ensure they are aware of any staff training requirements. In the future, the Administrator will ensure all staff complete the required training promptly.	9/20/24

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

IDD Regional Administrator 7/30/24

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V 536	Continued From page 1 (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 outcomes (pass/fail);	V 536		

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V 536	Continued From page 2 (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	V 536		

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V 536	Continued From page 3 annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 out of 4 audited staff completed their formal refresher training on alternatives to restrictive interventions. The findings are: Review on 7/22/24 of Staff #2's personnel record revealed:	V 536		

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V 536	Continued From page 4 -Hire date of 7/13/23. -Position as Direct Support Associate. -Training in Alternatives to Restrictive Intervention curriculum expired 7/14/24. Review on 7/22/24 of Staff #4's personnel record revealed: -Hire date of 1/9/15. -Position as Direct Support Associate. -Training in Alternatives to Restrictive Intervention curriculum expired 9/18/21. Interview on 7/18/24 with Staff #2 revealed: -He was current in all his required trainings. -He used verbal prompts to help clients calm down when they were angry or upset. -No physical restraints were used with Clients #1, #2, #3 and #4. Interview on 7/22/24 with Staff #4 revealed: -He did not disclose his required trainings. -He used verbal prompts and redirection when Client #2 "picked on" Client #3. -One intervention he had used with Client #2 was to ask him to go to his room to get away from Client #3. -Client #2 stayed in his room about 10-15 minutes until he calmed down. Interview on 7/22/24 with the Human Resources Coordinator revealed: -Staff #2 had until the end of this month (July 2024) to be recertified in the ProAct curriculum. -She would make sure Staff #4 received his refresher training in ProAct immediately.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	Continued From page 5 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, record review and interview, the facility failed to be maintained in a safe, clean and attractive manner. The findings are: Observation on 7/18/24 from 11:44 am to 12:45 pm revealed: -The living room's overhead ceiling fan and lights were inoperable. -Part of the gutter at the left side back eave of the facility was pulled away from the building. -In the main client bathroom, the wall between the sink and doorway had a white-plastered and unpainted area that was about 4' x 4' in size, and a white-plastered and unpainted area behind the sink vanity that was approximately 5' x 4' in size. -Client #4's bathroom between the sink and doorway had a white-plastered and unpainted area that was about 4' x 4' in size, and a white-plastered and unpainted area with exposed drywall that was rectangular in shape and approximately 5' x 4' in size. -The wall beside and behind Client #4's toilet had at least 3 streaks of peeling paint that was about 2-3 feet in length and a brown-colored substance that lined the top of the baseboards on both sides. -Client #4's bedroom door had 2 cracked areas with each area 2"-3" in diameter. -The circular area around Client #4's bedroom doorknob was painted white in contrast to the overall color of the door. -The inside washing machine lid had a	V 736	V 736 Work orders have been completed by the Administrator to have all work completed prior to 8/21/24. The business manager will in-service the QP and Maintenance Coordinator on the importance of completing work orders and following up to ensure work is completed. In the future, the business manager will review all work orders to ensure they are signed off and completed in a timely manner.	

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V 736	Continued From page 6	V 736		

brown-colored dried substance around at least 3 edges of the lid.
-The 2 windowsills in Client #1's bedroom had brown-colored debris.
-At least 3 ceiling tiles in the basement den had circular shaped brown stains.
-1 ceiling tile was missing in Client #1's bathroom which exposed pipes and electrical wiring.
-A yellow mop bucket was positioned on the floor under the missing ceiling tile in Client #1's bathroom and between the shower, doorway and sink areas. The bucket contained a brown-colored liquid substance.

Review on 7/22/24 of facility work orders submitted by the Residential Team Lead revealed:
-5/6/24 order stated, "back bathroom in [Client #4]'s bedroom need to have wall painted."
-5/6/24 order stated, "ceiling is leaking from upstairs down in basement into two rooms."
-6/4/24 order stated, "wet spots coming through the ceiling in basement." No additional information was provided.
-7/19/24 order stated, "ceiling fan in living room is not working."

Interview on 7/18/24 with the Residential Team Lead revealed:
-She was not aware until this date the ceiling fan and lights in the living room were not working, and she planned to submit a work order to have this repaired.
-She was aware of the facility's back gutter being loose. She believed a work order had been submitted to have this gutter replaced and was uncertain when the work order was submitted.
-The walls in the main client bathroom and Client #4's bathroom around the sink vanity units came from the units have been replaced and the walls

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V 736	Continued From page 7	V 736		

needed to be "smoothed" and repainted.
-The walls around Client #4's toilet was peeling paint due to Client #4 having urinated in these areas.
-She was not certain what had happened to Client #4's bedroom door but was making notes.
-The debris around Client #1's windowsills should have been cleaned when the new windows were installed. She would have the debris removed today (7/18/24).
-The ceiling tile stains in the basement den were from water leaks and she believed the leaks may have been fixed. She stated she had submitted a work order for these tiles to be replaced.
-The missing ceiling tile in Client #1's bathroom came from an upstairs leak which was supposed to have been fixed. She believed the yellow bucket was placed below the missing ceiling tile to capture any water that may drop down. She agreed the bucket posed a potential safety hazard for Client #1 in his use of the bathroom.

Interview on 7/22/24 with the Regional Business Coordinator revealed:
-She had received all the work orders for the facility.
-The gutters on the facility had been approved for replacement. She anticipated the replacement gutters would be installed by the end of this month (July 2024).
-She was not certain whether the water leakage above Client #1's bathroom had been resolved but she would send maintenance out today to determine whether the leak had been fixed. She agreed the bucket in Client #1's bathroom could pose a safety risk for Client #1.
-She would make sure the identified problems at the facility were addressed as soon as possible.

This deficiency constitutes a re-cited deficiency

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V 736	Continued From page 8 and must be corrected within 30 days.	V 736		