

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL078-229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/22/2024
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NAME OF PROVIDER OR SUPPLIER <i>Monica Bonner</i> FIRST IMAGE INC GRACE COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 22, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.</p> <p>This facility is licensed for 8 and has a current census of 7. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 263	<p>27G .4103 (a-b) Res. Recovery Clients/Children - Operations</p> <p>10A NCAC 27G .4103 OPERATIONS</p> <p>(a) Admissions:</p> <p>(1) Admission to the facility shall be a joint decision of the designated qualified professional, the provider of residential care, and the individual.</p> <p>(2) The individual shall have the opportunity for at least one pre-admission visit to the facility except for an emergency admission.</p> <p>(b) Coordination Of Treatment And Education To Children In The Facility: Each facility or multi-unit facility shall provide or make arrangements for the following:</p> <p>(1) The appropriate education program for a child shall be coordinated with his/her service plan.</p> <p>(2) Each child shall receive preventive and primary health care services.</p> <p>(3) Each child shall have required immunizations as specified by G.S. 130A-152.</p> <p>(4) Each child, birth through four years of age, shall receive a behavioral health and developmental screening, and if appropriate, receive a multi-disciplinary evaluation by qualified professionals for early childhood intervention</p>	V 263		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X5) DATE
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V 263	<p>Continued From page 1</p> <p>services. Parents shall be provided information on services that the child is eligible for or entitled to receive at screening and evaluation.</p> <p>(5) Each child five years of age and over, shall receive a behavioral health and developmental screening, and if appropriate, be evaluated for child mental health and substance abuse disorder(s) by a qualified professional(s).</p> <p>(6) Each child three years of age and over, shall receive substance abuse prevention services to address at-risk factors associated with being a child in a high-risk family.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each child received a behavioral health and developmental screening for one of three audited clients(#2). The findings are:</p> <p>Review on 08/22/24 of client #1's record revealed: -Admission date of 07/06/24. -Diagnoses of Cocaine Use Disorder Severe. -5 children ages 10, 6, 4, 2 and 1. -The 5 children did not have a behavioral health and developmental screening completed.</p> <p>During interview on 08/22/24 the Program Director revealed: -They have had a turnover in staff. -The children were referred out to get the behavioral assessments. -They had a staff that was doing the behavioral assessments.</p>	V 263	<p>Upon Admission to the program, RHCC/ Grace Court will ensure that each child childbirth through 4 yrs of age shall receive a behavioral health and developmental screening and if appropriate receive a multi-disciplinary evaluation by a qualified professional for early childhood intervention services. RHCC/ Grace Court will ensure that each child five years of age and older shall receive a behavioral health and developmental screening and if deemed appropriate be evaluated for child mental health and substance abuse disorder(s) by a qualified professional. RHCC/Grace Court will ensure that each child aged 3 and older shall receive substance abuse prevention services to address at risk factors associated with being in a high-risk family.</p>	9/30/24.

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V 263	Continued From page 2  -She was a children's therapist. -She was no longer working for the company. -They had hired someone new and she was working on getting her credentials.	V 263		
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. (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	V 536		

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V 536	<p>Continued From page 3</p> <p>Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> <li>(1) Documentation shall include:                     <ol style="list-style-type: none"> <li>(A) who participated in the training and the outcomes (pass/fail);</li> <li>(B) when and where they attended; and</li> <li>(C) instructor's name;</li> </ol> </li> <li>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</li> </ol> <p>(i) Instructor Qualifications and Training Requirements:</p>	V 536		

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V 536	<p>Continued From page 4</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 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>	V 536		

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V 536	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by:                      Based on record review and interview, the facility failed to ensure one of four staff (#1) failed to have annual training and one of four staff failed to receive initial training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 8/22/24 of staff #1's record revealed:                      -Date of hire: 10/2008.                      -Evidence Based Protective Interventions (EBPI) training expired on 1/25/24.                      -No current training updates in alternatives to restrictive interventions.</p>	V 536	<p>RHCC/ Grace Court will ensure that all staff receive required training within the first 90 days of employment. RHCC/ Grace Court will ensure all trainings are updated before they expire.</p>	9/30/24
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V 536	Continued From page 6  Review on 8/22/24 of staff #2's record revealed: -Date of hire: 5/13/24. -No initial or current training in alternatives to restrictive interventions.  During interview on 8/22/24 the Human Resource staff revealed: -She was unsure if staff #1 and staff #2 had received EBPI training. -She had not received a certificate from the trainer for staff #1 or staff #2. -Training was completed in the corporate office and the corporate office was closed due to being remodeled. -No additional information was provided.  During interview on 8/22/24 the Program Director revealed: -She would ensure that the trainings were completed.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are:  Observation on 8/6/24 at 11:45 am and 8/22/24 at 10:00 am of the facility revealed: -Meeting room had a 4-5 foot area on the ceiling with brown staining and a large cracked area	V 736	RHCC/Grace Court will ensure that the facility is maintained in a safe, clean, attractive manner and will ensure that the facility is free from offensive odors. The Facilities Manager of the RHCC maintenance department will schedule the company to make the repairs to the ceiling in the community meeting room. The maintenance department will address the upkeep in the identified apartments to include the cabinets in the kitchen and the bathrooms, the countertops, doors, and holes identified	10/31/24

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			<p>in the walls. All identified damages will be repaired by the maintenance department or the vendor hired by the facilities manager.</p>	
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V 736	<p>Continued From page 7</p> <p>surrounding it approximately the same size.</p> <p>-G2 apartment the cabinets in the kitchen and in the bathroom were faded and the surface had peeled around the corners.</p> <p>-G1 apartment the cabinet doors in the kitchen and in the bathrooms were faded and the surface had peeled. The countertops in front of the microwave had a discoloration in the shape of a circle the size of a golf ball. Bedroom 1 had a hole in the door the size of a golf ball at the bottom of the door. Bedroom 2 had small holes the size of a grape on the wall next to the bed by the window. In the bathroom, the toilet paper holder was missing the rod that holds the toilet paper and two light bulbs were not working in the light fixture and the tiling was chipped approximately three inches on two tiles in the corners in front of the bath tub. Bedroom 3 had a hole in the door (unable to determine size) that was covered by a round plastic white plate that is an adhesive wall protector.</p> <p>-G3 apartment the drawer under the stove was broken and not attached and would not close and the cabinet doors in the kitchen were fading and the surface had peeled. The doors throughout the apartment were dirty with brownish coloring. Bedroom 1 the ceiling vent was hanging from the ceiling and the electrical outlet cover was missing. The bathroom cabinet door were faded, a black colored substance surrounded the vent in the ceiling and two light bulbs were not working in the light fixture. Bathroom 2 three light bulbs were not working and the toilet paper holder was missing the rod to hold the toilet paper.</p> <p>-G4 apartment the cabinet doors were faded and the surface had peeled. Bathroom 1 light bulb did not work and the toilet paper holder was missing the rod to hold the toilet paper. Bedroom 1's electrical outlet was missing the cover.</p> <p>-F1 apartment the smoke detector beeped</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>consistently and the cabinet doors were faded and the surface was worn and peeled in areas in the kitchen.</p> <p>-F3 apartment the refrigerator had leaked water onto the floor covering the area of the entire front of the refrigerator and the countertops in the kitchen the natural color of the counter was faded. Bathroom 2 had one light bulb that did not work.</p> <p>-F4 apartment had one light bulb that did not work in the bathroom.</p> <p>During interview on 8/22/24 the Facility Manager revealed: -They had a list of repairs for each apartment that maintenance was going to follow up on.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		